

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
L02000022608

1. DOCUMENT # L02000022608

Name and Mailing Address

0014231 01. AT 0.292 **AUTO T2 0 0615 33981-143089



FIDELITAS INVESTMENTS LLC
12189 KNEELAND TERRACE
PORT CHARLOTTE FL 33981-1430

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HL 12/29



REINSTATEMENT 2003

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|--|--|--|-------------------------------|
| 2. New Mailing Address | | 4. State/Country of Formation FL | |
| City, State, Zip | | 5. Date Organized or Qualified To Do Business in Florida 08/30/2002 | |
| Principal Place of Business 12189 KNEELAND TERRACE PORT CHARLOTTE FL 33981 | 3. New Principal Place of Business Address City, State, Zip | 6. FEI Number 13-4212765 | Applied For Not Applicable |
| | | 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |

| | |
|--|--|
| 8. Name and Address of Current Registered Agent HOFFMANN, REINHOLD 12189 KNEELAND TERRACE PORT CHARLOTTE FL 33981 | 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent R. SIGNATURE REQUIRED Date 12-9-03

REGISTERED AGENT MUST SIGN

| 11. Names and Street Addresses of Each Managing Member/Manager | | | |
|--|-----------------------------------|--|-------------------------|
| Title(s) | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
| MGRM | HOFFMANN, REINHOLD | 12189 KNEELAND TERRACE | PORT CHARLOTTE FL 33981 |
| MGRM | HOFFMAN, ADRIAN | 5088 B LAKESIDE DR. | LANGLEY WA 98260 |
| 800025532068 12/16/03-01055-022 **150.00 | | | |
| REINSTATEMENT 2003 | | | |

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager SIGNATURE REQUIRED Date 12-9-03 Daytime Phone # 941 456 0714

Typed or printed name of signing Managing Member/Manager