

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Glenda E. Hood**  
**Secretary of State**  
DIVISION OF CORPORATIONS

**FILED**

04 JAN 14 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. DOCUMENT # L02000023103

Name and Mailing Address

0013867 01 AT 0.292 \*\*AUTO T9 0 0615 34652-307105



WISEGUYS, LLC  
5205 PORPOISE PLACE  
NEW PORT RICHEY FL 34652-3071

**MJH**



1/14 2003-2004

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/06/2002	
Principal Place of Business 5205 PORPOISE PLACE NEW PORT RICHEY FL 34653	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 01-0743411	Applied For Not Applicable
8. Name and Address of Current Registered Agent BUTTREY, KELLY J 5205 PORPOISE PLACE NEW PORT RICHEY FL 34652		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 <i>[Signature]</i> <b>SIGNATURE REQUIRED</b> Date 1/1/04 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	BUTTREY, KELLY J	5205 PORPOISE PLACE	NEW PORT RICHEY FL 34652
MGRM	BUTTREY, PAUL X D.	5205 PORPOISE PLACE	NEW PORT RICHEY FL 34652
			200026900532 01/14/04--01012--011 **200.00
			<b>REINSTATEMENT 2003-2004</b>

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]* **SIGNATURE REQUIRED** Date 1/1/04 Daytime Phone # 727-849-8313  
Typed or printed name of signing Managing Member/Manager KELLY BUTTREY

CR2E084 (7/03)