

Tear Here ▲

▲ Tear Here

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

03 DEC 10 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000023396

Name and Mailing Address

0002250 01 AT 0.292 **AUTO TO 0 0615 32328-068484



BONDS AND CRUM INVESTMENT PROPERTIES, LLC
P.O. BOX 684
EASTPOINT FL 32328-0684



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/09/2002	
Principal Place of Business 101 E. GULF BEACH DR. ST. GEORGE ISLAND FL 32328	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 14-1853535	Applied For Not Applicable
8. Name and Address of Current Registered Agent HARTMAN, DANIEL W ARD, SHIRLEY & HARTMAN, P.A. 207 WEST PARK AVE., STE. B TALLAHASSEE FL 32301		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 300025529893 12/16/03--01050--001 **150.00 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>Daniel W. Hartman</i> SIGNATURE REQUIRED Date <u>12-9-03</u> 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
MBRM	Jeanne Bonds	101 E. Gulf Beach Dr. St. George Island, FL 32328	
MBRM	Jamie Crum	101 E. Gulf Beach Dr. St. George Island, FL 32328	
REINSTATEMENT 2003 BKC			
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 <i>Jamie Crum</i> SIGNATURE REQUIRED Date <u>12/09/03</u> Daytime Phone # <u>8508998758</u> Typed or printed name of signing Managing Member/Manager			

CR2E084 (7/03)