

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
Genda Hild
Secretary of State
DIVISION OF CORPORATIONS

023523

1. DOCUMENT # L02000023523
Name and Mailing Address

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LA 12/29

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FLORIDA FAMILY VENTURES, L.L.C.
837 E NEW HAVEN AVE
MELBOURNE FL 32901-5458



REINSTATEMENT 2003

2. New Mailing Address P.O. Box 487 City, State, Zip Melbourne, FL 32902		4. State/Country of Formation FL	
Principal Place of Business 837 E NEW HAVEN AVE MELBOURNE FL 32901		5. Date Organized or Qualified To Do Business in Florida 09/11/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 13-4226138	
		Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent BERTEL, RICK 837 E NEW HAVEN AVE MELBOURNE FL 32901		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 900025531719 12/16/03--01055--013 **155.00 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 SIGNATURE REQUIRED Date 12-5-03
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
MEM	Rick Bertel	837 E. New Haven Ave	Melbourne, FL 32901
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 12-5-03 Daytime Phone # 321-722-2838
Typed or printed name of signing Managing Member/Manager Rick Bertel