

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 OCT 30 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000023764

Name and Mailing Address

0013338 01 AT 0.292 **AUTO T8 3 0615 34994-491520
PREMIER PARTY RENTALS OF NAPLES, LLC
2820 SE MARTIN SQUARE CORP. PKY.
STUART FL 34994-4915



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/12/2002	
Principal Place of Business 2820 SE MARTIN SQUARE CORP. STUART FL 34994	3. New Principal Place of Business Address PKY. 1435 RAILHEAD BLVD City, State, Zip NAPLES FL 34110	6. FEI Number 55-0800940	Applied For Not Applicable
8. Name and Address of Current Registered Agent HENDRY, GARY L 2820 SE MARTIN SQUARE CORP. PKY. STUART FL 34994		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)		300024289413	
		10/30/03--01051--011 **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>Gary Hendry</i>		SIGNATURE REQUIRED Date 10/22/03	
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	PREMIER PARTY RENTALS, INC.	2820 SE MARTIN SQUARE CORP. PKY.	STUART FL 34994
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>Gary Hendry</i>		SIGNATURE REQUIRED Date 10/22/03 Daytime Phone # 772-781-4804	
Typed or printed name of signing Managing Member/Manager			

CR2E034 (7/03)

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