

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 28 PM 5:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L02000024062
Name and Mailing Address

0016045 01 MB 0.309 **AUTO T9 0 0615 32459-670730
DEBBWEBB DEVELOPMENT, L.L.C.
5365 E. CO. HWY. 30-A, SUITE 105
SEAGROVE BEACH FL 32459-6707



MJM

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/16/2002	
Principal Place of Business 5365 E. CO. HWY. 30-A, SUITE 105 SEAGROVE BEACH FL 32459	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 55-0797350	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 FRANKLIN H. WATSON, P.A. 5365 E. CO. HWY. 30-A, SUITE 105 SEAGROVE BEACH FL 32459	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 [Signature] **SIGNATURE REQUIRED** Date 10-20-03
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
MGR	WEBB, DEBORAH A	5365 E. CO. HWY. 30-A, SUITE 105	SEAGROVE BEACH FL 32459
			300024206789 10/28/03--01053--002 **150.00
			10/28/03--01053--002 **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] **SIGNATURE REQUIRED** Date 10/20/03 Daytime Phone # 850-685-1305
Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)