

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

L02000024365

FILED

03 DEC 12 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000024365

Name and Mailing Address

0013913 01 AT 0.292 **AUTO T1 0 0615 33904-328445



PAUL J. MISKE, PH. D, LLC
2045 S.E. 28TH ST.
CAPE CORAL FL 33904-3284



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 2045 S.E. 28TH ST. CAPE CORAL FL 33904		5. Date Organized or Qualified To Do Business in Florida 09/18/2002	
3. New Principal Place of Business Address 923 Del Prado Blvd #205 City, State, Zip Cape Coral FL 33990		6. FEI Number 30-0115670 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 MISKE, PAUL J 2045 S.E. 28TH ST. CAPE CORAL FL 33904		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 200024267632 10/30/03--01012--008 **150.00 City FL Zip Code	
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10. I, being appointed as 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 *Paul J. Miske* Date 10/26/03

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
Pres	Paul J Miske	2045 SE 28th St	Cape Coral FL 33904

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 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 *Paul J. Miske* Date 10/26/03 Daytime Phone # 239-242-0588

Typed or printed name of signing Managing Member/Manager

REINSTATEMENT 12/19/03