

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L02000024420

APPLICATION FOR REINSTATEMENT

2003 OCT 23 PM 12:59

Florida L. Hood
Secretary of State
DIVISION OF CORPORATIONS

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000024420

Name and Mailing Address

0010053 01 AT 0.292 **AUTO T6 0 0615 33757-159696
 OSCEOLA BAY REALTY, L.L.C.
 P.O. BOX 1596
 CLEARWATER FL 33757-1596

300024028703
 10/23/03--01010--016 **150.00



US

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/19/2002	
Principal Place of Business 2081 N. POINTE ALEXIS DRIVE TARPON SPRINGS FL 34689 US	3. New Principal Place of Business Address 256 Scotland St., Ste. D City, State, Zip Dunedin FL 34698	6. FEI Number 56-2294 545	Applied For Not Applicable
8. Name and Address of Current Registered Agent WILLIAMS, DENISE C 2081 N. POINTE ALEXIS DR. TARPON SPRINGS FL 34689		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) 256 Scotland St., Suite D			
City Dunedin		FL Zip Code 34698	
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>Denise Williams</i>		Date Oct. 18, 2003	
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	WILLIAMS, DENISE C	256 Scotland St., Ste D	Dunedin FL 34698

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 *Denise Williams* Date 10/18/03 Daytime Phone # 727-466-0125

Typed or printed name of signing Managing Member/Manager

REINSTATEMENT 2003

CR2E084 (7/03)