

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 PM 6:51

1. DOCUMENT # L02000024681

Name and Mailing Address

0013309 01 AT 0.292 **AUTO TB 2 0615 34990-527956



OUTONALIMB LLC
5656 SW SAVAGE ST.
PALM CITY FL 34990-5279

300024529833
11/10/03--01006--015 **150.00



US

2. New Mailing Address 3200 Arden Villas Blvd #11 City, State, Zip Orlando FL 32817		4. State/Country of Formation FL	
Principal Place of Business 5656 SW SAVAGE ST. PALM CITY FL 34990 US		5. Date Organized or Qualified To Do Business in Florida 09/23/2002	
3. New Principal Place of Business Address Same as Mailing Address City, State, Zip		6. FEI Number 03-0483640 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
		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 COYMAN, KEVIN G 5656 SW SAVAGE ST. PALM CITY FL 34990		9. Name and Address of New Registered Agent Name Kevin Coyman Street Address (P.O. Box Number is Not Acceptable) 3200 Arden Villas Blvd #11 City Orlando FL Zip Code 32817	
---	--	--	--

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 **Kevin Coyman** **SIGNATURE REQUIRED** Date **11/01/03**
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	KEVIN, COYMAN G	5656 SW SAVAGE ST. 3200 Arden Villas Blvd #11	PALM CITY FL 34990 Orlando FL 32817
MGRM	TRAVIS, ANSTETT I	5656 SW SAVAGE ST. Same as above	PALM CITY FL 34990 Same as above

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 **Travis Anstett** **SIGNATURE REQUIRED** Date **11/02** Daytime Phone # **407-381-2959**

Typed or printed name of signing Managing Member/Manager