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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

182

APPLICATION  
FOR  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L02000024883

Name and Mailing Address

2003 NOV 17 AM 8:26

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

0012859 01 AT 0.292 \*\*AUTO T7 0 0615 33480-431800

LILY HOLT, LLC  
230 ROYAL PALM WAY STE. 400  
PALM BEACH FL 33480-4318

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/23/2002	
Principal Place of Business 230 ROYAL PALM WAY STE. 400 PALM BEACH FL 33480	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 30-0148144	Applied For Not Applicable
8. Name and Address of Current Registered Agent HOLT, LILY B 230 ROYAL PALM WAY STE. 400 PALM BEACH FL 33480		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) 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>[Signature]</i> <b>SIGNATURE REQUIRED</b> Date 11/13/03 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 / Mgr	Lily Holt	320 Island Drive	Palm Beach, FL 33480
200024759842 11/17/03--01089--001 **50.00			
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>[Signature]</i> <b>SIGNATURE REQUIRED</b> Date 11/13/03 Daytime Phone # (561) 833-9668 Typed or printed name of signing Managing Member/Manager			

CR2E084 (7/03)

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LILY HOLT, LLC  
230 Royal Palm Way, Ste. 400  
Palm Beach, FL 33480-4318  
(561)833-9668  
Fax: (561)833-8612  
[Lily@lilyholt.com](mailto:Lily@lilyholt.com)

FILED  
2003 NOV 17 AM 8:26  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

November 13, 2003

Florida Department of State  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

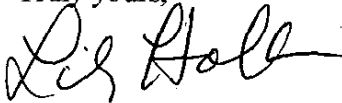
Re: Document # L02000024883

Dear Madame/Sir:

We are in receipt of a Certificate of Dissolution or Revocation for this company which was formed on September of 2002. However, we never received the initial Uniform Business Report to begin with. Therefore, we are submitting the Application for Reinstatement along with the \$50.00 Renewal Fee.

Please accept this and reinstate our company. Thank you.

Truly yours,



Lily Holt  
Member