

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

2004 JAN -6 AM 8:36

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000025036

Name and Mailing Address

0009638 01 AT 0.292 \*\*AUTO T5 2 0615 33629-534310



REYNATH PROPERTIES, LLC  
2410 WEST WATROUS AVENUE  
TAMPA FL 33629-5343

000026052850  
01/06/04--01005--031 \*\*205.00



2. New Mailing Address

PO Box 2936

City, State, Zip

TAMPA FL 33601-2936

4. State/Country of Formation  
FL

5. Date Organized or Qualified  
To Do Business in Florida

09/23/2002

Principal Place of Business

2410 WEST WATROUS AVENUE  
TAMPA FL 33629-5343

3. New Principal Place of Business Address

1539 PLEASANT HARBOUR WAY

City, State, Zip

TAMPA FL 33602

6. FEI Number

22-3877165

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

DWYER, BRIAN J  
2410 WEST WATROUS AVENUE  
TAMPA FL 33629-5343

9. Name and Address of New Registered Agent

Name DWYER, BRIAN J.

Street Address (P.O. Box Number is Not Acceptable)

1539 PLEASANT HARBOUR WAY

City TAMPA

FL

Zip Code

33602

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

REGISTERED AGENT MUST SIGN

Date 12/25/03

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	DWYER, BRIAN J	<del>2410 WEST WATROUS AVENUE</del> 1539 PLEASANT HARBOUR WAY	<del>TAMPA FL 33629-5343</del> TAMPA, FL 33602
MGR	ABERNATHY, JAMES M	<del>1427 40TH AVENUE NE</del> 1432 HARBOUR WALK RD	<del>ST PETERSBURG FL 33703</del> TAMPA, FL 33602

REINSTATEMENT 2003-04

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 12/25/03

Daytime Phone # 813-785-7907

Typed or printed name of signing Managing Member/Manager

BRIAN J. DWYER

CR2E084 (7/03)