

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

03 DEC 26 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000025134

Name and Mailing Address

0007278 01 AT 0.292 **AUTO T7 0 0615 33172-284903



JOHNSTONE LLC
1203 NW 93RD COURT
MIAMI FL 33172-2849

100025771451
12/26/03--01031--030 **155.00



2. New Mailing Address CCS 3146 4440 NW 73 AVE		4. State/Country of Formation FL	
City, State, Zip MIAMI FL 33166		5. Date Organized or Qualified To Do Business in Florida 09/25/2002	
Principal Place of Business 7951 GOLDEN POND CT. KISSIMMEE FL 34747	3. New Principal Place of Business Address City, State, Zip	6. FEI Number SS0807722	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent STONE, OSWALDO J 1203 NW 93RD COURT MIAMI FL 33172	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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **11-20-03**

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	STONE, OSWALDO	1203 NW 93RD COURT	MIAMI FL 33172
MGR	STONE, MERCEDES	3146 4440 NW 73 AVE	MIAMI FL 33168
MGR	STONE DE GOMEZ, MARIANNE	3146 4440 NW 73 AVE	MIAMI FL 33168

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 REQUIRED

Date **11-20-03**

Daytime Phone # **305 471 7580**

Typed or printed name of signing Managing Member/Manager **OSWALDO STONE**