

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR RESTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda H. ...
Secretary of State
DIVISION OF CORPORATIONS

200025281

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LN 12/26

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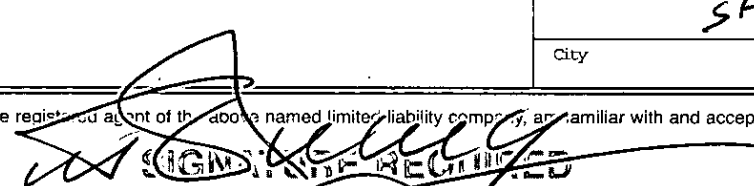
3125 US 1 SOUTH

~~ST. PETERSBURG FL 32086-6487~~

ST AUGUSTINE



REINSTATEMENT 2003

2. New Mailing Address PO Box 1180		4. State/Country of Formation FL	
City, State, Zip HASTINGS, FL 32145		5. Date Organized or Qualified To Do Business in Florida 09/26/2002	
Principal Place of Business 3125 US 1 SOUTH ST. PETERSBURG FL 32086 AUGUSTINE	3. New Principal Place of Business Address 101 ASHLAND AVE.		6. FEI Number 22-3873474
	City, State, Zip HASTINGS, FL 32145		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 STERLING, MAURICE 112 GREENBRIAR ROAD PALATKA FL 32177-8877		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
		SAME 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  Date 12/1/03 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
MGR	STERLING, MAURICE	112 GREENBRIAR ROAD	PALATKA FL 32177-8877
MEM	BUSBEE, SUZANNE	105 CARCABA RD	ST. AUGUSTINE FL 32084
800025533968 12/16/03--01072--013 **150.00			
REINSTATEMENT 2003			

CR2E084 (7/03)

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/Manage

~~SECRET~~

Date _____

12/0/03

Daytime Phone #

386-329-
4320

Typed or printed name of signing Managing Member/Manager: _____