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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 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000025301
Name and Mailing Address

0014348 01 AT 0.292 **AUTO T2 0 0615 34103-855751

TRAG INVESTMENTS LLC
351 NEAPOLITAN WAY
NAPLES FL 34103-8557

200025770862
12/26/03--01031--017 **150.00



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 09/26/2002		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Principal Place of Business 351 NEAPOLITAN WAY NAPLES FL 34103		3. New Principal Place of Business Address City, State, Zip	
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 WENTGES, KEES CORNELIS 351 NEAPOLITAN WAY NAPLES FL 34103		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> REQUIRED Date <u>Dec 17/03</u> 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.	C. WENTGES	351 NEAPOLITAN WAY	NAPLES FL 34103
REINSTATEMENT 03 AL			
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> REQUIRED Date <u>Dec 17/03</u> Daytime Phone # <u>239-434-5916</u> Typed or printed name of signing Managing member/Manager			

CP2F084 (7/03)