

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

1. DOCUMENT # L02000025607

Name and Mailing Address

0015531 01 MB 0.309 **AUTO T8 0 0615 19348-310935



ORMOND MANTIS, LLC
135 EAST STATE STREET
KENNETT SQUARE PA 19348-3109

2004 JUL 26 A 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/30/2002	
Principal Place of Business 121 EAST GRANDA BOULEVARD ORMOND BEACH FL 32176	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 33-1025393	Applied For Not Applicable
8. Name and Address of Current Registered Agent MORAN, PHILLIP A 121 EAST GRANADA BOULEVARD ORMOND BEACH FL 32176		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) City FL Zip Code		800039958028 08/06/04--01070--012 **200.00	
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> Date 7/23/04 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.	Phillip A. Moran	121 East Granada Blvd.	Ormond Beach, FL 32176
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>		Date	Daytime Phone # 610-444-0900
Typed or printed name of signing Managing Member/Manager		PHILL MORAN	

CR2E084 (7/03)