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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L02000025865

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC 29 PH 12:58

VR 1/7/04

1. **DOCUMENT #**   L02000025865
Name and Mailing Address

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SHOCK ISLAND, LLC
3152 NORTHSIDE DRIVE
KEY WEST FL 33040-8006

REINSTATEMENT 2003

2. New Mailing Address	4. State/Country of Formation
C/O PAGE'S PAINT STORE, 1114 WHITE ST	FL

City, State, Zip
KEY WEST FL 33040

5. Date Organized or Qualified
To Do Business in Florida   10/01/2002

Principal Place of Business 3152 NORTHSIDE DRIVE KEY WEST FL 33040	3. New Principal Place of Business Address 7013 SHRIMP RD City, State, Zip KEY WEST FL 33040	6. FEI Number 52 - 2385442	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	9. Name and Address of New Registered Agent
HUGHES, ERICA N ESQ. 500 FLEMING STREET KEY WEST FL 33040	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 _____ Erica N Hughes   Date 12-20-03
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	WALTERS, KARL	3152 NORTHSIDE DRIVE	KEY WEST FL 33040
MGR	PFENT, DAVID J JR.	1114 WHITE STREET	KEY WEST FL 33040

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12/29/03--01058--008 **150.00

REINSTATEMENT 2003

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 _____   Date _____   Daytime Phone # 305-296-3422

Typed or printed name of signing Managing Member/Manager _____

CR2E034 (7/03)