

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



Secretary of State
DIVISION OF CORPORATIONS

1. DOCUMENT # L02000026062

Name and Mailing Address

0010273 01 AT 0.292 **AUTO T7 3 0615 33781-400001



PISQUE, LLC
7380 63RD STREET, APT-1
PINELLAS PARK FL 33781-4000

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 7380 63RD STREET, APT-1 PINELLAS PARK FL 33781		5. Date Organized or Qualified To Do Business in Florida 10/02/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number Applied For <input checked="" type="checkbox"/> 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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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]* Date 11/5/03
REGISTERED AGENT MUST SIGN ASST VP

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
MGRM	FETZER, DONALD E	7380 63RD STREET, APT-1	PINELLAS PARK FL 33781

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REINSTATEMENT 03

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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]* Date 10-27-03 Daytime Phone # 727-414-1321

Typed or printed name of signing Managing Member/Manager

CR20034 (7/03)