

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 # L02000026769

Name and Mailing Address

0016353 01 MB 0.309 **AUTO TO 0 0615 48413-821375
DELAND FINANCIAL SERVICES, LLC
175 THOMPSON ROAD
BAD AXE MI 48413-8213

03 NOV -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
300024380019
11/03/03--01065--002 **150.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/10/2002	
Principal Place of Business 175 THOMPSON ROAD BAD AXE MI 48413	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 82-0567592	Applied For Not Applicable
8. Name and Address of Current Registered Agent HYZER, DAVID 113 CURRY RISE COURT DELAND FL 32724		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 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 <u>David Hyzer</u> SIGNATURE REQUIRED Date <u>10-22-03</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
MGR	David Hyzer	1054 N. Colon Drive	Bad Axe MI 48413

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 David Hyzer **SIGNATURE REQUIRED** Date 10-22-03 Daytime Phone # 989-269-6272

Typed or printed name of signing Managing Member/Manager David Hyzer

CR2E084 (7/03)

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dec