

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC -8 AM 11:41

1. DOCUMENT # L02000026923

Name and Mailing Address

0004044 01 AT 0.292 \*\*AUTO TB 0 0615 32901-126211



C&S INVESTMENTS, LLC  
111 SOUTH SCOTT STREET  
MELBOURNE FL 32901-1262



2. New Mailing Address <i>516 N. Harbor City Blvd.</i>		4. State/Country of Formation FL	
City, State, Zip <i>Melbourne, FL 32935</i>		5. Date Organized or Qualified To Do Business in Florida: <i>10/11/2002</i>	
Principal Place of Business 111 SOUTH SCOTT STREET MELBOURNE FL 32901	3. New Principal Place of Business Address <i>516 N. Harbor City Blvd.</i> City, State, Zip <i>Melbourne, FL 32935</i>	6. FEI Number	Applied For Not Applicable
8. Name and Address of Current Registered Agent <del>COLEMAN, CHRISTOPHER</del> <del>1329 BEDFORD DRIVE SUITE 1</del> <del>MELBOURNE FL 32940</del>		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
Benjamin Y. Saxon <i>516 N. Harbor City Blvd.</i> <i>Melbourne, FL</i> <i>32935</i>		9. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) <i>10/30/03--01051--001 **150.00</i> <i>900024289119</i> City <i>10/30/03--01051--00FL**150.00</i>	
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: <i>12-2-03</i> 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	CRUTCHFIELD, GREGORY	<del>111 SOUTH SCOTT STREET</del> <i>516 N. Harbor City Blvd</i>	MELBOURNE FL <del>32901</del> <i>32935</i>
MGR	SAXON, BENJAMIN III	<del>111 SOUTH SCOTT STREET</del> <i>516 N. Harbor City Blvd</i>	MELBOURNE FL <del>32901</del> <i>32935</i>

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 reasons 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 #: *321-752-8787*

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)