

▲ Tear Here ▲

▲ Tear Here ▲

▲ Tear Here ▲

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

2004 NOV 15 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000027233

Name and Mailing Address

0017014 01.MB 0.309 **AUTO H2 0 0615 95066-326530

INVESTCH VENTURES, L.L.C.

100 ENTERPRISE WAY C230

SCOTTS VALLEY GA 30686-3265

1725 Anglers Ct
SH FL 34695



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/15/2002	
Principal Place of Business 100 ENTERPRISE WAY C230 SCOTTS VALLEY GA 30686 1725 Anglers Ct	3. New Principal Place of Business Address City, State, Zip Safety Harbor 34695	6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent GASSMAN, ALAN S 1245 COURT STREET, SUITE 102 CLEARWATER FL 33756	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 Robert D. Faw Date 10-1-02

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	ROBERT D. FAW CORPORATION	100 ENTERPRISE WAY C230 1725 Anglers COURT	SCOTTS VALLEY GA 30686 SH FL 34695

400041908034
11/15/04 01066-008 **200.00

REINSTATEMENT 03.01
dec

RA must sign

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 Robert D. Faw Date 10-1-02 Daytime Phone # 727-744-7936

Typed or printed name of signing Managing Member/Manager Robert D. Faw

CR2E084 (7/03)