

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

04 JAN 21 AM 9:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

1. DOCUMENT # L02000027768

Name and Mailing Address

0010901 01 AT 0.292 **AUTO TO 0 0615 34236-190428



PHOENIX, LLC
628 MOURNING DOVE DRIVE
SARASOTA FL 34236-1904

100027363451
01/21/04--01084--022 **205.00



1/21 2003-2004

2. New Mailing Address SAME		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/18/2002	
Principal Place of Business 628 MOURNING DOVE DRIVE SARASOTA FL 34236	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 KURLAND, ALAN P 628 MOURNING DOVE DRIVE SARASOTA FL 34236		9. Name and Address of New Registered Agent Name SAME 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 **Alan P. Kurland** **NOT REQUIRED** Date **1-13-04**

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
MGM	ABIGAIL KURLAND	628 MOURNING DOVE DR.	SARASOTA FL 34236
MGM	DANIEL KURLAND	628 MOURNING DOVE DR.	SARASOTA FL 34236

REINSTATEMENT 2003-2004

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 **Alan P. Kurland** **NOT REQUIRED** Date **1-13-04** Daytime Phone # **941-955-4886**

Typed or printed name of signing Managing Member/Manager