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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

03 OCT 27 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000028079

Name and Mailing Address

0014426 01 AT 0.292 **AUTO T2 0 0615 34105-566616



4016 KENSINGTON HIGH STREET
4016 KENSINGTON HIGH STREET
NAPLES FL 34105-5666



2. New Mailing Address PO Box 1349		4. State/Country of Formation FL	
City, State, Zip Hartford, CT 06143		5. Date Organized or Qualified To Do Business in Florida 11/01/2002	
Principal Place of Business 4016 KENSINGTON HIGH STREET NAPLES FL 34109	3. New Principal Place of Business Address City, State, Zip	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 PHILLIPS, SIMONE 660 NINTH STREET NORTH SUITE 3 NAPLES FL 34102	9. Name and Address of New Registered Agent Name Street Address (P.O. Box) 000024185840 10/27/03-01056-000 **150.00 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 **Simone Phillips** **REQUIRED**
REGISTERED AGENT MUST SIGN

Date **10.22.03**

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
max	Peter J. Wertheim	4016 Kensington High St	Naples, FL 34106

REINSTATEMENT

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dec

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 **Peter J. Wertheim** **REQUIRED**

Date **10/22/03** Daytime Phone **(239) 262 0607**

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)