

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 NOV -3 AM 8:00

1. DOCUMENT # L02000028182

Name and Mailing Address

0003708 01 AT 0.292 **AUTO T6 0 0615 32818-287525



INTERCOASTAL DATA EXCHANGE ASSOCIATION, LLC
6825 CORAL COVE DRIVE
ORLANDO FL 32818-2875

SECRETARY OF STATE

300024379049

11/03/03--01057--008 **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 10/23/2002	
Principal Place of Business 6825 CORAL COVE DRIVE ORLANDO FL 32818	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	Applied For Not Applicable
8. Name and Address of Current Registered Agent BEVER, CHRISTOPHER B 6825 CORAL COVE DRIVE ORLANDO FL 32818		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 <i>Christopher B. Bever</i> SIGNATURE REQUIRED Date <u>10-27-03</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
MGRM	BEVER, CHRISTOPHER B	6825 CORAL COVE DRIVE	ORLANDO FL 32818
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 <i>Christopher B. Bever</i> SIGNATURE REQUIRED Date <u>10-27-03</u> Daytime Phone # <u>407-948-1806</u> Typed or printed name of signing Managing Member/Manager <u>Christopher Byron Bever</u>			

CR2E084 (7/03)

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