

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 FEB 26 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000028274

Name and Mailing Address

0011073 01 AT 0.292 **AUTO TO 0 0615 34242-011616



DZINER ACCENTS LLC

P.O. BOX 40116

SARASOTA FL 34242-0116



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/24/2002	
Principal Place of Business 3377 BEE RIDGE ROAD SUITE 8C SARASOTA FL 34239	3. New Principal Place of Business Address City, State, Zip	6. FEI Number N/A	Applied For Not Applicable
8. Name and Address of Current Registered Agent HAYLOCK, DOROTHY 3377 BEE RIDGE ROAD SUITE 8C SARASOTA FL 34239		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 200029457542 02/26/04--01025--006 **50.00 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>[Signature]</i> Date 12/26/03 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.	Dorothy Haylock	P.O. Box 40116	SARASOTA, FL 34242
REINSTATEMENT 03-04-500025884605 12/31/03--01029--005 **150.00			
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>[Signature]</i> Date 12/26/03 Daytime Phone # 941-346-0425 Typed or printed name of signing Managing Member/Manager			