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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

04 JAN 21 AM 9:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. **DOCUMENT #** L02000028680

Name and Mailing Address

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ROWCREEK DISTRIBUTORS INTERNATIONAL LLC
2172 PLATINUM ROAD, SUITE H
APOPKA FL 32703-7766



1/21 2003-2004

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/28/2002	
Principal Place of Business 2172 PLATINUM ROAD, SUITE H APOPKA FL 32703	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 35-2186968	Applied For 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 FERGUSON, WALTER C 9110 BROOKLINE DRIVE ORLANDO FL 32819	9. Name and Address of New Registered Agent Name 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

Walter Ferguson

REGISTERED AGENT REQUIRED

REGISTERED AGENT MUST SIGN

Date Jan 14, 2004

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	Walter Ferguson	9110 Brookline Drive	Orlando, FL 32819

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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

Walter Ferguson

Walter Ferguson

Date Jan 14, 2004

Daytime Phone # (407) 886-7320

Typed or printed name of signing Managing Member/Manager