

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

2003 NOV 12 PM 12:44

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000029178

Name and Mailing Address

0002169 01 AT 0.292 **AUTO TO 0 0615 32311-414412

|||||

LORI A. DARDEN CONSULTING, L.L.C.
1512 BENT WILLOW DRIVE
TALLAHASSEE FL 32311-4144

000025067579
11/26/03--01024--001 **55.00



2. New Mailing Address

City, State, Zip

Principal Place of Business
1512 BENT WILLOW DRIVE
TALLAHASSEE FL 32311

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 11/01/2002

6. FEI Number 14-1856206
Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

LINDSEY, WM. SCOTT
1407 PIEDMONT DRIVE EAST
TALLAHASSEE FL 32312

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

Wm. Lindsey

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/10/03

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
MGRM	DARDEN, LORI A	1512 BENT WILLOW DRIVE	TALLAHASSEE FL 32311

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

LORI A. DARDEN

Date 10/10/03 Daytime Phone # 850-322-6599

Typed or printed name of signing Managing Member/Manager

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Law Firm
of
Boyd, Lindsey & Stiger, P.A.

1407 PIEDMONT DRIVE EAST
TALLAHASSEE, FLORIDA 32308
(850) 386-2171
FAX (850) 385-4936
e-mail: wmslindsey@aol.com

November 10, 2003

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2003 NOV 12 PM 12:44
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
WM. SCOTT LINDSEY
DIRECT PHONE LINE
(850) 386-7087

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

Re: Lori R. Darden Consulting, L.L.C.

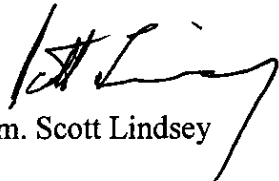
Gentlemen:

Enclosed you will find the application for reinstatement of the above referenced company, along with a check in the amount of \$55.00 for the annual report fee plus the request for a certificate of status.

Please be advised that this company is requesting a waiver of the \$100.00 reinstatement fee in that the address of the recipient had changed and it did not receive the initial annual report form.

Should there be any questions, please contact the undersigned at (850)386-7087.

Sincerely,


Wm. Scott Lindsey

WSL;vl

Enclosures

Cc: Lori A. Darden