

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hoad**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000029863

Name and Mailing Address

0001516 01 AT 0.292 \*\*AUTO T7 3 0615 32176-220111



SUN COAST DEVELOPMENT LLC  
111 BEAU RIVAGE DR  
ORMOND BEACH FL 32176-2201



US

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/07/2002	
Principal Place of Business 111 BEAU RIVAGE DR ORMOND BEACH FL 32176 US	3. New Principal Place of Business Address	6. FEI Number 81-0581335	Applied For Not Applicable
City, State, Zip		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 SHAMBLIN, WILLIAM O 111 BEAU RIVAGE DR ORMOND BEACH FL 32176		9. Name and Address of New Registered Agent Name Street Address (P.O. Box) 300024179283 10/27/03-01122-004-150-00 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 *[Signature]* **SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10/10/03

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	SWIATLOWSKI, RICHARD S	6213 RANIER CIRCLE	PORT ORANGE FL 32127

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 *[Signature]* **SIGNATURE REQUIRED**

Date 10/14/03

Daytime Phone 386-760-9606

Typed or printed name of signing Managing Member/Manager - Richard Swiatlowski