

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
RESTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC -8 PM 5:35

DOCUMENT # L02000030297

and Mailing Address

0004141 01 AT 0.292 \*\*AUTO T8 0 0615 32931-510240

ARAVOT REALTY, LLC

5505 NORTH ATLANTIC AVENUE, SUITE 115

00000A BEACH FL 32931-5102



1. Mailing Address <u>800 South Banana River Drive</u>		4. State/Country of Formation <u>FL</u>	
2. City, State, Zip <u>Merritt Island, FL 32952</u>		5. Date Organized or Qualified To Do Business in Florida <u>11/12/2002</u>	
3. New Principal Place of Business Address <u>5505 NORTH ATLANTIC AVENUE, SUITE 115</u> <u>00000A BEACH FL 32931</u>		6. FEI Number <u>82-0586574</u>	
City, State, Zip <u>Merritt Island, FL 32952</u>		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent <u>FLEMING, RANDY</u> <u>300 SOUTH BANANA RIVER DRIVE</u> <u>MERRITT ISLAND FL 32952</u>		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> Zip Code	

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: Randy Fleming Date: 12/3/03  
REGISTERED AGENT MUST SIGN

Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>FLEMING REVOCABLE LIVING TRUST</u>	<u>800 S BANANA RIVER DRIVE</u>	<u>MERRITT ISLAND, FL 32952</u>
		000025328690 12/08/03--01075--017 **155.00
REINSTATEMENT		

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 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 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 made under oath.

Signature of Member/Manager: Randy Fleming Date: 12/3/03 Daytime Phone #  
Printed name of signing Managing Member/Manager