## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PPLICATION FOR NSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

Secretary of State DIVISION OF CORPORATIONS

FILED

SECRETARY OF STATE IN

DIVISION OF CORPORATIONS

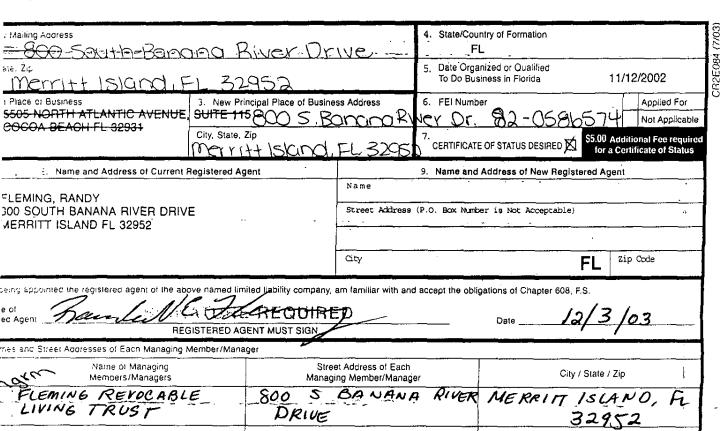
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ruly that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when it inis reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608,406, F.S., and that see 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 made under oath.

on □ Member/Manage 🗂

printed name of signing Managing Member/Manager

Daytime Phone #

12/3/03

Inchia Communication