

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
03 OCT 28 PH 5: 15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L02000030479

Name and Mailing Address

0010384 01 AT 0.292 **AUTO HB 0 0615 33830-453425



SKS INVESTMENTS, L.L.C.
325 WEST MAIN STREET
BARTOW FL 33830-4534

MJH



10/28 2003

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/13/2002	
Principal Place of Business 325 WEST MAIN STREET BARTOW FL 33831-0427	3. New Principal Place of Business Address	6. FEI Number n/a	Applied For <input checked="" type="checkbox"/> Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E084 (7/03)

8. Name and Address of Current Registered Agent SUTTON, DEBRA J ESQ. 325 WEST MAIN STREET BARTOW FL 33831-0427	9. Name and Address of New Registered Agent
	Name
	Street Address (P.O. Box Number is Not Acceptable) 700024186587
	10/28/03--01010--015 **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 REQUIRED Date 10/17/03
REGISTERED AGENT MUST SIGN

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	SUTTON, DEBRA J	325 WEST MAIN STREET	BARTOW FL 33831-0427

REINSTATEMENT 2003

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 REQUIRED Date 10/17/03 Daytime Phone # (863) 533-8912

Typed or printed name of signing Managing Member/Manager