

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

2004 JAN -6 PM 1:34

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000030568

Name and Mailing Address

0004148 01 AT 0.292 **AUTO T8 0 0615 32934-850495

CRUISING THROUGH REAL ESTATE, LLC
4195 TURTLEMOUND RD.
MELBOURNE FL 32934-8504

400026042354
01/06/04--01003--032 **155.00



2. New Mailing Address 128 DELEON RD		4. State/Country of Formation FL	
City, State, Zip COCOA BEACH FL 32931		5. Date Organized or Qualified To Do Business in Florida 11/15/2002	
Principal Place of Business 4195 TURTLEMOUND RD. MELBOURNE FL 32934	3. New Principal Place of Business Address 128 DELEON RD City, State, Zip COCOA BEACH, FL 32931	6. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
8. Name and Address of Current Registered Agent PLUMMER, DIANE 4195 TURTLEMOUND RD. MELBOURNE FL 32934		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name DIANE GIBSON Street Address (P.O. Box Number is Not Acceptable) 128 DELEON RD City COCOA BEACH, FL Zip Code FL 32931			
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 DIANE GIBSON SIGNATURE REQUIRED Date 12/29/03 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
MG/PM	DIANE GIBSON	128 DELEON RD	COCOA BEACH, FL 32931
MG/PM	GARY GIBSON	128 DELEON RD	COCOA BEACH, FL 32931
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 DIANE GIBSON SIGNATURE REQUIRED		Date 12/29/03	Daytime Phone # (321) 432-7104
Typed or printed name of signing Managing Member/Manager			

CR2E034 (7/03)