

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 DEC 26 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000030637

Name and Mailing Address

0009636 01 AT 0.292 \*\*AUTO T5 2 0615 33629-471508



THE LINX GROUP, L.L.C.  
1008 SOUTH ARMENIA AVE.  
TAMPA FL 33629-4715

900025771629  
12/26/03--01031--036 \*\*305.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/15/2002	
Principal Place of Business 1008 SOUTH ARMENIA AVE. TAMPA FL 33629	3. New Principal Place of Business Address	6. FEI Number 510-436216	Applied For Not Applicable
City, State, Zip		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 NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE FL 32301	9. Name and Address of New Registered Agent Name Mandelbaum & Fitzsimmons, P.A. Street Address (P.O. Box Number is Not Acceptable) 210 N. Franklin Ave. Suite 2720 City Tampa, FL Zip Code 33602
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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** *up/sec*

Date 12-17-03

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
MGRM	HEINBERG, JONATHAN	1008 SOUTH ARMENIA AVE.	TAMPA FL 33629

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

12-17-03

Daytime Phone #

813-258-0070

Typed or printed name of signing Managing Member/Manager