


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

2003 NOV 20 AM 9:27

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



1. DOCUMENT # L02000031101

Name and Mailing Address

0004288 01 AT 0.292 **AUTO TB 0 0615 32960-523202



PILGRIM OF THE ISLES, L.L.C.
2 STARFISH DRIVE
VERO BEACH FL 32960-5232

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/20/2002	
Principal Place of Business 2 STARFISH DRIVE VERO BEACH FL 32960	3. New Principal Place of Business Address	6. FEI Number EIN# 13-1990156	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E034 (7/03)

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent	
GARRIS, CHARLES E 817 BEACHLAND BLVD. VERO BEACH FL 32963	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	
	FL	Zip Code

10. I, being appointed the registered agent of the above named limited liability company, do hereby accept the obligations of Chapter 608, F.S.

Signature of Registered Agent X SIGNATURE REQUIRED Date 10-20-03
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
MEMBER	KATHLEEN J. NORCONK	2 STARFISH DRIVE	VERO BCH, FL 32960
MEMBER	JAMES J. NORCONK III	1825 48TH AVE	VERO BCH, FL 32966
600024865656 11/20/03 01004 001 **150.00			
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 10-20-03 Daytime Phone # 272-720-5770

Typed or printed name of signing Managing Member/Manager