

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 19 PM 3:35

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

300024203933
10/28/03--01042--009 **150.00

1. DOCUMENT # L02000031395

Name and Mailing Address

0014212 01 AT 0.292 **AUTO T2 0 0615 33960-035353



PWT, LLC
P.O. BOX 353
VENUS FL 33960-0353



2003

CR2E084 (7/03)

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/21/2002	
Principal Place of Business P.O. BOX 353 VENUS FL 33960	3. New Principal Place of Business Address City, State, Zip	6. FEI Number N/A	Applied For <input checked="" type="checkbox"/> Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent MILLER, GEORGE R 2 VACATION DRIVE VENUS FL 33960	9. Name and Address of New Registered Agent 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, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent GEORGE R MILLER Date OCT 21 2003

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
MEM	GR MILLER	PO BOX 353	VENUS, FLA 33960
MEM	JUDITH FERGUSON	ERA, 358 RT 27	LAKE PLACID 33852

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 GEORGE R MILLER Date 10/21/03 Daytime Phone # 863 699 1439

Typed or printed name of signing Managing Member/Manager