

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

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

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



2003

| | | | |
|---|--|--|---|
| 2. New Mailing Address | | 4. State/Country of Formation FL | |
| City, State, Zip | | 5. Date Organized or Qualified To Do Business in Florida 11/21/2002 | |
| 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 |
|----------|-----------------------------------|--|--------------------|
| MEMBER | GR MILLER | PO BOX 353 | VENUS, FLA 33960 |
| MEMBER | JUDITH FERGUSON | ERA, 358 RT 27 | LAKE PLACID 33852 |
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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

CR2E084 (7/03)