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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Gene E. E. Esposito  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JAN 13 PM 4:01

W 01/23/04

1. DOCUMENT # L02000031603

Name and Mailing Address

0017309 01 FP 0.352 \*\*PRSR T3 0 0615 32962

TRANS ACCURATE TRANSCRIPTION, LLC  
1245 S. U.S. #1  
VERO BEACH FL 32962

000024098290  
11/20/03--01025--012 \*\*150.00



2. New Mailing Address <i>SAME</i>		4. State/Country of Formation FL	
City, State, Zip <i>SAME</i>		5. Date Organized or Qualified To Do Business in Florida 11/25/2002	
Principal Place of Business 1245 S. U.S. #1 VERO BEACH FL 32962	6. New Principal Place of Business Address City, State, Zip	6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		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 BECHT, EDWARD W 321 SOUTH SECOND STREET FORT PIERCE FL 34950		9. Name and Address of New Registered Agent Name <i>FRANK LEONE</i> Street Address (P.O. Box Number is Not Acceptable) <i>1245 S. U.S. #1 VERO BEACH</i> City <i>VERO BEACH</i> FL <i>32962</i>	
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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 *Frank Leone* Date *11-17-03*

**SIGNATURE REQUIRED**  
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	Frank R. Leone-MGR	1245 S. U.S. Hwy 1	VERO BEACH FL 32962
Member	Manon M. Cassidy-MGR	1245 S. U.S. Hwy 1	VERO BEACH, FL 32962
000024098290 10/24/03--01072--030 **105.00			
2003-			
<b>REINSTATEMENT 2004</b>			

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 *Manon M. Cassidy* Date *10/20/03* Daytime Phone # *772-978-0115*

Typed or printed name of signing Managing Member/Manager *MANON M. CASSIDY*