

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 NOV -3 AM 8:00

1. **DOCUMENT #** L02000031810

Name and Mailing Address

0010858 01 AT 0.292 **AUTO TO 0 0615 34236-850715



PHOENIX FURNITURE, L.L.C.
1515 FRUITVILLE ROAD
SARASOTA FL 34236-8507

SECRETARY OF STATE
800024378898
11/03/03--01057--003 **150.00



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 1515 FRUITVILLE ROAD SARASOTA FL		5. Date Organized or Qualified To Do Business in Florida 11/26/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 26-0056537	Applied For 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 SETH-WARD, ROBERT 1515 FRUITVILLE ROAD SARASOTA FL	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 34236
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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]* **SIGNATURE REQUIRED** Date Oct 28th 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
MGR	SETH-WARD, ROBERT	1515 FRUITVILLE ROAD	SARASOTA FL

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]* **SIGNATURE REQUIRED** Date Oct 28 03 Daytime Phone # 941-809-2388
Typed or printed name of signing Managing Member/Manager ROBERT N. SETH-WARD

CR2E084 (7/03)