PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

DIVISION OF CORPORATIONS

1. DOCUMENT # L02000032028

Name and Mailing Address

0014106 01 AT 0.292 **AUTO T1 0 0615 33919-353975

6309 CORPORATE COURT SW, SUITE C

FORT MYERS FL 33919~3539

Typed or printed name of signing Managing Member/Manager

FILED

03 OCT 27 AM 8:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2. New Mailing Address					State/Country of Formation FL		
City, State, Zip				5; Date Organized or Qualified			
63	lace of Business 309 CORPORATE COURT SW, S DRT MYERS FL 33919	ss Address	6. FEI Number Applied For X Not Applicable				
	JA 1 M 1 EU 2 FC 33919	City, State, Zip			E OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent				Name and Address of New Registered Agent			
63	AILE, DAVID 109 CORPORATE COURT SW, S DRT MYERS FL 33919	SUITE C	Name				
			City FL Zip Code				
10 . I, bei Signature o Registered	Agent Carried Tax	NATURE REQUIRE GISTERED AGENT MUST SIGN		and accept the obli	` '	103	
11. Name	s 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	
PRES.	DAVID MAILE	6309 CORPO	6309 CORPORATE COURT SW, STE C		FORT MYERS, F	L 33919	
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			Babela	CINIC		3	
						dec	
filing the all feet as if n	y that I am managing member/manager or its reinstatement application the reason for sowed by the limited liability company have nade under oath.	dissolution has been eliminated the l	mited liability con on this application	npany name satisfic on is true and accur	se the requirements of sect	on 600 406 EQ and that II	