

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 OCT 29 PM 5:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L02000032036

Name and Mailing Address

0002813 01 AT 0.292 **AUTO T3 0 0615 32720-529076



K & G OF DAYTONA, LLC
840 W. NEW YORK AVENUE, SUITE D
DELAND FL 32720-5290

10/17/03



1029

2003

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/27/2002	
Principal Place of Business 840 W. NEW YORK AVENUE, SUITE D DELAND FL 32720	3. 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	

CR2E034 (7/03)

8. Name and Address of Current Registered Agent COOK, RICHARD R 840 W. NEW YORK AVENUE, SUITE D DELAND FL 32720		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 700024255057 10/29/03--01062--007 **155.00 City FL Zip Code	
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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

Richard R Cook
REGISTERED AGENT MUST SIGN

Date 10/17/03

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
MGRM	GREINER, TERRY E	840 W. NEW YORK AVENUE, SUITE D	DELAND FL 32720
MGRM	KUKER, TIMOTHY L	840 W. NEW YORK AVENUE, SUITE D	DELAND FL 32720

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

T.E. Greiner
T.E. GREINER

Date 10-21-03 Time Phone # 330 806 0662

Typed or printed name of signing Managing Member/Manager