

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICANT FOR REINSTATEMENT OF STATE FILE NO. L02000032230

32230 FILED

1. DOCUMENT # L02000032230

03 DEC -9 AM 9:21

Name and Mailing Address

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0009448 01 AT 0.292 \*\*AUTO T4 0 0615 33614-691325

FRANDRE, LLC  
4725 N. HESPERIDES STREET  
TAMPA FL 33614-6913



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/25/2002	
Principal Place of Business 4725 N. HESPERIDES STREET TAMPA FL 33614	3. New Principal Place of Business Address	6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

CFR2084 (7/03)

8. Name and Address of Current Registered Agent  HINES, JAMES P 315 S. HYDE PARK AVE. TAMPA FL 33606		9. Name and Address of New Registered Agent Name: <u>CHRISTOPHER K. PORTO</u> Street Address (P.O. Box Number is Not Acceptable): <u>1011 N. FLORIDA AVE.</u> City: <u>TAMPA</u> State: <u>FL</u> Zip: <u>33607</u>	
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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: 10/27/03  
REGISTERED AGENT MUST SIGN

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
	<u>FRANK C. BRACIANO</u>	<u>4725 N. HESPERIDES ST.</u>	<u>TAMPA FL 33614</u>
400025331864 12/09/03--01003--007 **150.00			
<b>REINSTATEMENT</b> <u>2003</u>			

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: 10/24/03 Daytime Phone #: 815-414-0705  
Typed or printed name of signing Managing Member/Manager: FRANK C. BRACIANO