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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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC 19 PM 5:29

1. DOCUMENT # L02000032259

Name and Mailing Address

0001495 01 AT 0.292 \*\*AUTO T7 3 0615 32174-429190



C.F., L.L.C.  
90 RAINTREE LANE  
ORMOND BEACH FL 32174-4291



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/02/2002	
Principal Place of Business 90 RAINTREE LANE ORMOND BEACH FL 32176	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 22-3885848	Applied For Not Applicable
8. Name and Address of Current Registered Agent PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVE DAYTONA BEACH FL 32114		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 X		Date 12-16-03	
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
MGR	HUDSON, C.F.	90 RAINTREE LANE	ORMOND BEACH FL 32178
			100024566471 11/10/03--01074--007--**150.00
<b>REINSTATEMENT</b> 03 Dec			
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		Date _____ Daytime Phone # _____	
Typed or printed name of signing Managing Member/Manager _____			

CR2E054 (7/03)