

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 30 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000032476

Name and Mailing Address

0002888 01 AT 0.292 **AUTO T3 0 0615 32746-371741

THE BASE IMAGE LLC

441 HILLS DALE CT

LAKE MARY FL 32746-3717

LAKE MARY FL 32746-3717



US

2. New Mailing Address <u>1006 Hanging Vine Pt.</u> City, State, Zip <u>Longwood, Florida 32750</u>		4. State/Country of Formation FL	
Principal Place of Business 441 HILLS DALE CT LAKE MARY FL 32746 US		5. Date Organized or Qualified To Do Business in Florida 12/03/2002	
3. New Principal Place of Business Address <u>1006 Hanging Vine Pt.</u> City, State, Zip <u>Longwood, FL 32750</u>		6. FEI Number <u>13 4225421</u> Applied For Not Applicable	
8. Name and Address of Current Registered Agent HADDON, RODNEY C 441 HILLS DALE CT LAKE MARY FL 32746		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 <u>Rodney C. Haddon</u> Street Address (P.O. Box Number is Not Acceptable) <u>1006 Hanging Vine Pt.</u> City <u>Longwood</u> State <u>FL</u> Zip Code <u>32750</u>			
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 <u>[Signature]</u> SIGNATURE REQUIRED Date <u>10/27/03</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager 600024289556 10/30/03--01051--018 **150.00			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	
mgm	Rodney C. Haddon	1006 Hanging Vine Pt. Longwood, FL 32750	
mgm	Stacey A Haddon	1006 Hanging Vine Pt. Longwood, FL 32750	
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 <u>[Signature]</u> SIGNATURE REQUIRED Date <u>10/27/03</u> Daytime Phone # <u>407 831 0662</u> Typed or printed name of signing Managing Member/Manager _____			

REINSTATEMENT

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CR2E084 (7/03)