

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**L02000032570**



**FILED**

03 DEC -1 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000032570  
Name and Mailing Address

0010178 01 AT 0.292 \*\*AUTO T7 2 0615 33767-121938  
LA RISA DEVELOPMENT CO., LLC  
880 MANDALAY AVENUE, C-908  
CLEARWATER BEACH FL 33767-1219



2. New Mailing Address <i>Same</i>		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/05/2002	
Principal Place of Business 880 MANDALAY AVENUE, C-908 CLEARWATER BEACH FL 33767	3. New Principal Place of Business Address City, State, Zip	6. FEI Number <i>21N03-0467875</i>	Applied For <input checked="" type="checkbox"/> 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 FLYNT, ROBERT L 880 MANDALAY AVENUE, C-908 CLEARWATER BEACH FL 33767	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 *[Signature]* **SIGNATURE REQUIRED** Date 11/20/03  
REGISTERED AGENT MUST SIGN

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
Pres.	Robert L. Flynt	880 Mandalay Ave C-908	Clearwater Beach FL 33767

900025130439  
12/01/03--01089--023 \*\*155.00

**REINSTATEMENT 2003**  
*[Signature]*

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 11/20/03 Daytime Phone # 727 4620152

Typed or printed name of signing Managing Member/Manager Robert L Flynt (No change)