

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L02000032737

APPLICATION FOR REINSTATEMENT

Florida E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 OCT 23 PM 1:25

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000032737

Name and Mailing Address

0010736 01 AT 0.292 **AUTO T9 0 0615 34231-336049

B & G OF GULF GATE, L.L.C.

4749 PINE HARRIER DRIVE

SARASOTA FL 34231-3360

700024028507
10/23/03--01010--007 **150.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/06/2002	
Principal Place of Business 4749 PINE HARRIER DRIVE SARASOTA FL 34231	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 43-1985928	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent MCGINNESS, W. LEE 1800 SECOND STREET SUITE 971 SARASOTA FL 34236	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 *George W. McCluskey* Date *10/20/03*

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
<i>owner</i>	<i>George W. McCluskey</i>	<i>4749 Pine Harrier Dr</i>	<i>SARASOTA FLA 34231</i>

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 *George W. McCluskey* Date *10/20/03* Daytime Phone #

Typed or printed name of Signing Managing Member/Manager

CR2E034 (7/03)