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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

1. **DOCUMENT #** L02000032942

Name and Mailing Address

03 DEC 26 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TOUR OF DUTY, L.L.C.
11233 BEACH BLVD., #6
JACKSONVILLE FL 32246-3816



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/09/2002	
Principal Place of Business 11233 BEACH BLVD., #6 JACKSONVILLE FL 32246	3. New Principal Place of Business Address	6. FEI Number 68-0575305	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	
8. Name and Address of Current Registered Agent GEORGE, ROBERT B 225 WATER STREET, SUITE 1500 JACKSONVILLE FL 32202		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 SIGNATURE REQUIRED Date 12/24/03 <small>REGISTERED AGENT MUST SIGN</small>			
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
MGRM	GONZALEZ, ERICK	11233 BEACH BLVD., #6	JACKSONVILLE FL 32246
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 REQUIRED Date _____ Daytime Phone # 904-745-6154			
Typed or printed name of signing Managing Member/Manager ERICK R. GONZALEZ			

CR2E084 (7/03)

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12/26/03--01039--006 **150.00

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