

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

04 MAY 28 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000033124

Name and Mailing Address

0017219 01 FP 0.352 **PR\$RT T3 0 0615 32501

TENNYSON HOLDING COMPANY, LLC
226 S. PALAFOX STREET
ST. 101-B
PENSACOLA FL 32501



2. New Mailing Address 809 BEVERLY PKWY		4. State/Country of Formation FL	
City, State, Zip PENSACOLA, FL 32505		5. Date Organized or Qualified To Do Business in Florida 10/04/2002	
Principal Place of Business 226 S. PALAFOX STREET ST. 101-B PENSACOLA FL 32501	3. New Principal Place of Business Address 809 BEVERLY PKWY City, State, Zip PENSACOLA, FL 32505	6. FEI Number 02-0674486	Applied For <input type="checkbox"/> 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 OWENS, KIRK R 801 N. 12TH AVENUE PENSACOLA FL 32501	9. Name and Address of New Registered Agent Name HARK TAYLOR Street Address (P.O. Box Number is Not Acceptable) 809 BEVERLY PKWY City PENSACOLA, FL Zip Code 32505
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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 **X** **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date **4/26/04**

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
M6RM	HARK TAYLOR	809 BEVERLY PKWY	PENSACOLA, FL 32505
M6RM	RAYMOND FLORES	809 BEVERLY PKWY	PENSACOLA, FL 32505

300035441913
05/05/04--01015--023 **150.00

300035441913
06/14/04--01065--001 **20.00

REINSTATEMENT

2003-04

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

4/26/04

Daytime Phone # **(850) 435-6845**

Typed or printed name of signing Managing Member/Manager