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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

2004 MAR -9 PM 1:45

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000033228

Name and Mailing Address

0005037 01 AT 0.292 **AUTO TO 0 0615 33040-651014



IBIZA ENTERPRISES LLC
314 DUVAL STREET
KEY WEST FL 33040-6510



US

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 12/11/2002	
Principal Place of Business 314 DUVAL STREET KEY WEST FL 33040 US	3. New Principal Place of Business Address <i>Same</i> City, State, Zip	6. FEI Number 550813418	Applied For Not Applicable
8. Name and Address of Current Registered Agent WEVERS, LUCAS H MR 17226 JAMAICA LANE SUGARLOAF KEY-FL-33042		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 <i>N/A</i> 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 <i>[Signature]</i> SIGNATURE REQUIRED Date <i>11/24/03</i> 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>Sec</i>	<i>ANNA M WEVERS</i>	<i>17226 JAMAICA LN SUGARLOAF KEY FL 33040</i>	<i>Sugarloaf key FL 33042</i>
		<i>33040.800031055688</i>	<i>03/24/04--01018--014 **50.00</i>
		<i>800031055688</i>	<i>03/24/04--01018--015 **150.00</i>
		REINSTATEMENT <i>2003-2004</i>	
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 <i>[Signature]</i> SIGNATURE REQUIRED		Date <i>11/24/03</i>	Daytime Phone # <i>305-587-3714</i>
Typed or printed name of signing Managing Member/Manager			

CR2E034 (7/03)