

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

03 OCT 31 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000034309

Name and Mailing Address

0001405 01 AT 0.292 **AUTO T7 2 0615 32137-834606



THE MILESTONE GROUP, L.L.C.
6 S. CLAYMONT COURT
PALM COAST FL 32137-8346



2. New Mailing Address

5182 N. Oceanshore Blvd, Suite A

Palm Coast, FL 32137

Principal Place of Business
6 S. CLAYMONT COURT
PALM COAST FL 32137

3. New Principal Place of Business Address

5182 N. Oceanshore Blvd

Palm Coast, FL 32137

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 12/19/2002

6. FEI Number 90-0086589
Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

CONNER, TIMOTHY J
2 JUNGLE HUT ROAD, STE 1
PALM COAST FL 32137

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

600024337246

10/31/03--01079--007 **155.00

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

REGISTERED AGENT MUST SIGN

Date 10-29-03

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
MGR	FOWKES, DEREK V. H.	6 S. CLAYMONT COURT	PALM COAST FL 32137

REINSTATEMENT

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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

10/28/03

Daytime Phone #

386-445-4388

Typed or printed name of signing Managing Member/Manager