

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 #** L02000034368

Name and Mailing Address

0011859 01 AT 0.292 **AUTO T4 0 0615 33410-351630



SHELDON PROPERTIES, LLC
2401 PGA BLVD., STE. 155
PALM BEACH GARDENS FL 33410-3516

2004 OCT 15 P 1:41

SECRETARY OF STATE
107152044-01042-0010 **200.00



2. New Mailing Address 11370 TWELVE OAKS WAY, 118 City, State, Zip NORTH PALM BEACH, FL 33408		4. State/Country of Formation FL	
Principal Place of Business 2401 PGA BLVD., STE. 155 PALM BEACH GARDENS FL 33410		5. Date Organized or Qualified To Do Business in Florida 12/20/2002	
3. New Principal Place of Business Address 11370 TWELVE OAKS WAY, 118 City, State, Zip NORTH PALM BEACH, FL 33408		6. FEI Number 20-0135285 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent ADAMS, SANDRA 2401 PGA BLVD., STE. 155 PALM BEACH GARDENS FL 33410		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: SIOBAUGH FRASER Street Address (P.O. Box Number is Not Acceptable): 11370 TWELVE OAKS WAY, 118 City: NORTH PALM BEACH FL Zip Code: 33408			
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: SIOBAUGH FRASER SIGNATURE REQUIRED Date: 10/10/04 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
MM	Philip Sheldon	11370 Twelve Oaks Way, 118	NORTH PALM BEACH, FL 33408

REINSTATEMENT

03-04

dec

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 **10/10/04**

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)