

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC 11 AM 10:52
12/19

1. DOCUMENT # L02000034635

Name and Mailing Address

0002409 01 AT 0.292 **AUTO T1 0 0615 32536-951306
JOAN KRADLAK LLC
106 NEZ PERCE TRAIL
CRESTVIEW FL 32536-9513



US REINSTATEMENT 2003

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 106 NEZ PERCE TRAIL CRESTVIEW FL 32536 US		3. New Principal Place of Business Address City, State, Zip	5. Date Organized or Qualified To Do Business in Florida 12/24/2002
		6. FEI Number 14-1863873	Applied For 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 LEGALZOOM MEVADA INC 111 N.E. FIRST STREET SUITE 901 MIAMI FL 33132	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Jake Varghese **SIGNATURE REQUIRED** Date 12/11/03
Jake Varghese, registered officer Legalzoom Nevada Inc.

11. Names and Street Address/s of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	JOAN KRADLAK	106 NEZ PERCE TRAIL CRESTVIEW, FL	CRESTVIEW, FL 32536
MGR	MARTIN KRADLAK	106 NEZ PERCE TRAIL	CRESTVIEW, FL 32536
300025417273 12/11/03-01019-019 **150.00			
REINSTATEMENT 2003			

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 MARTIN F. KRADLAK **SIGNATURE REQUIRED** Date 12/7/03 Daytime Phone # 850-904-3293

Typed or printed name of signing Managing Member/Manager MARTIN F. KRADLAK