

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
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. **DOCUMENT #** L02000034723

Name and Mailing Address

0003231 01 AT 0.292 **AUTO T4 0 0615 32789-345504



210 N. WYMORE ROAD, LLC
204 N WYMORE RD
WINTER PARK FL 32789-3455



10/28 2003

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/26/2002	
Principal Place of Business 204 N WYMORE RD WINTER PARK FL 32789	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	<input checked="" type="checkbox"/> 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 SCHICK, BENJAMIN M 204 N WYMORE RD WINTER PARK FL 32789	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 *Benjamin Schick* **SIGNATURE REQUIRED** Date 10/19/03
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
MGRM	SCHICK, BENJAMIN M	204 N WYMORE RD	WINTER PARK FL 32789
700024185267 10/28/03--01008--003 **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 *Benjamin Schick* **SIGNATURE REQUIRED** Date 10/19/03 Daytime Phone # (407) 647-4490
Typed or printed name of signing Managing Member/Manager.

CR2E084 (7/03)