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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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 FEB -2 AM 10:41

1. DOCUMENT # L02000034830

Name and Mailing Address

0016736 01 MB 0.309 \*\*AUTO T1 0 0615 76210-217971



A191 COMPASS POINT, LLC  
3371 FORREST GLEN DRIVE  
CORINTH TX 76210-2179

600065831026  
02/14/06--01034--005 \*\*300.00



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 3371 FORREST GLEN DRIVE CORINTH TX 76210	3. New Principal Place of Business Address	6. FEI Number 13-4262190	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
JOHNSON, NORMA F 1299 MIDDLE GULF DRIVE UNIT A191 SANIBEL FL 33957		Name <u>Robert S. Forman</u> Street Address (P.O. Box Number is Not Acceptable) <u>1715 Monroe Street</u> City <u>Fort Myers</u> FL Zip Code <u>33901</u>	

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 1/13/06

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	JOHNSON, NORMA F	3371 FORREST GLEN DRIVE	CORINTH TX 76210
REINSTATEMENT 03-06			

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 1-6-06

Daytime Phone # 940-321-2808

Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)