

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF REVENUE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 22 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000034845

Name and Mailing Address

0003197 01 AT 0.292 **AUTO T4 0 0615 32789-460988

1788 WEST FAIRBANKS AVENUE

WINTER PARK FL 32789-4609

WINTER PARK FL 32789-4609



2. New Mailing Address

City, State, Zip

Principal Place of Business

1788 WEST FAIRBANKS AVENUE
WINTER PARK FL 32789

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida

12/26/2002

6. FEI Number

16-1647085

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

MORAN, THOMAS P
111 NORTH ORANGE AVENUE STE. 1200
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name

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

300025169353

12/02/03--01064--018 ***155.00

City

FL

Zip Code

10. I, being appointed the registered agent of the above named liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Thomas P. Moran
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date Dec 17, 2003

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	FAKIH, FAISAL	1788 WEST FAIRBANKS AVENUE	WINTER PARK FL 32789
MGR	GRAHAM, PEGGY	1788 WEST FAIRBANKS AVENUE	WINTER PARK FL 32789

REINSTATEMENT

2003

12/22/03

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

Peggy Graham
SIGNATURE REQUIRED

Date 11-13-03

Daytime Phone # 407-740-5447

Typed or printed name of signing Managing Member/Manager

Peggy Graham