

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

03 DEC 26 AM 10:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000034876

Name and Mailing Address

0001373 01 AT 0.292 \*\*AUTO T7 2 0615 32135-158585



TOP FLIGHT HOMES, LLC  
PO BOX 351585  
PALM COAST FL 32135-1585

400025771754  
12/26/03--01031--039 \*\*150.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/23/2002	
Principal Place of Business 33 CHERRYTREE COURT PALM COAST FL 32135	3. New Principal Place of Business Address	6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City, State, Zip		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	9. Name and Address of New Registered Agent
NOWELL, SIDNEY M PA 300 N. STATE STREET BUNNELL FL 32110	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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** Date \_\_\_\_\_  
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	William Day	30 Cherrytree Ct. Palm Coast, FL	Palm Coast, FL 32137

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 12/01/03 Daytime Phone # 386-447-1216

Typed or printed name of signing Managing Member/Manager