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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
RENEWAL

1000035163

FLORIDA DEPARTMENT OF STATE
Gladys E. Hood
Secretary of State
DIVISION OF CORPORATIONS

1. DOCUMENT # L02000035163

Name and Mailing Address

0002884 01 AT 0.292 **AUTO T3 0 0615 32746-236642



KENNETH R. COYNE, LLC
942 DELFINO PLACE
LAKE MARY FL 32746-2366



2. New Mailing Address N/A		4. State/Country of Formation FL	
City, State, Zip N/A		5. Date Organized or Qualified To Do Business in Florida 12/26/2002	
Principal Place of Business 942 DELFINO PLACE LAKE MARY FL 32746	3. New Principal Place of Business Address	6. FEI Number 00-1673700	Applied For
	City, State, Zip	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	Not Applicable
		<div>\$5.00 Additional Fee required for a Certificate of Status</div>	

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent	
COYNE, KENNETH R 942 DELFINO PLACE LAKE MARY FL 32746	Name <i>N/A</i>	
	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 Kenneth A. Coyne **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date 11/14/03

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
PROS	KENNETH R. COYNE	942 DELRINO PLAZA	LAKE HARY, FL 32746

200024975172

11/24/03--01048--005 **150.00

[Signature]

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]* Date 11/16/03 Daytime Phone # 401-324-9535

Typed or printed name of signing Managing Member/Manager