

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 10 AM 10:06

DOCUMENT # L03000027796

1. Limited Liability Company's Name

531 LAURA LANE, L.L.C.

400054215044

05/10/05--01064--002 **100.00

2. Principal Office Address

425 MEADOWLARK LN

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 16291

Suite, Apt. #, etc.

City & State

PALM HARBOR, FLORIDA

City & State

CLEARWATER, FLORIDA

Zip

34683

Country

PINELLAS

Zip

33766

Country

PINELLAS

4. State/Country of Formation

FLORIDA/PINELLAS

**5. Date Organized or Qualified
To Do Business in Florida**

07-22-03

6. FEI Number

☒ 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

Name

WILSON, GLENN A.

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

425 MEADOWLARK LANE

Suite, Apt. #, Etc.

City

PALM HARBOR,

State

FL

Zip Code

34683

9. 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**

REGISTERED AGENT MUST SIGN

Date

050105

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	WILSON, GLENN A.	425 MEADOWLARK LANE	PALM HARBOR, FL 34683

11. 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**

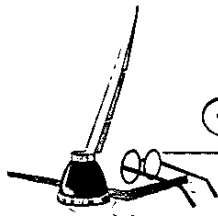
Date

050105

Daytime Phone #

(727)647-5294

Typed or printed name of signing Managing Member/Manager



Herbert C. Long, Inc.

April 29, 2005

Mr. Tyrone Scott
Department of State
Divisions of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

RE: 531 Laura Lane, LLC
Document Number: L03000027796
LLC Reinstatement

Dear Mr. Scott:

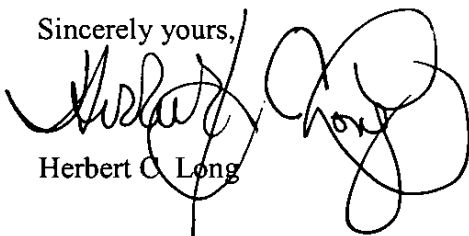
I have talked to you in the past about getting corporations and LLC's reinstated. You told me that the Secretary of State would consider reinstatements of corporations and LLC's --- without paying the additional fee --- if the Uniform Business Report [UBR] forms were never received by the corporation or LLC.

The reason 531 Laura Lane, LLC [LLC] did not receive the UBR was their address had changed. The managing member did not realize the LLC was inactive until he checked the State of Florida web site. The UBR for 2004 was therefore not filed due to the confusion of the incorrect address and the LLC's failure to receive the UBR. We believe the LLC had reasonable cause for its failure to timely file the UBR. Accordingly, we are requesting the abatement of the additional fee for the 2004 year.

We have enclosed our check in the amount of \$100 for the UBR's for the 2004 and 2005 years --- the Annual Report Fee for each year [\$50 each for 2004 and 2005].

I appreciate your assistance in this matter. Please call me at **727-796-4504** if you need additional information or I can answer any questions.

Sincerely yours,



Herbert C. Long

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Largo, Florida 33773
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Fax: (727) 796-3673

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