

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 OCT 28 PM 5:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L95000000122

Name and Mailing Address

0007891 01 AT 0.292 **AUTO TO 0 0615 33301-180499



CORPORATE INTEGRITY SERVICES LLC
ONE E. BROWARD BLVD., STE. 1300
FT LAUDERDALE FL 33301-1804



10/28 2003

2. New Mailing Address 2115 Harden Blvd		4. State/Country of Formation FL	
City, State, Zip Lakeland, FL 33803		5. Date Organized or Qualified To Do Business in Florida 02/10/1995	
Principal Place of Business ONE E. BROWARD BLVD., STE. 1300 FT LAUDERDALE FL 33301	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-0534950	Applied For Not Applicable
		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 INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE SUITE 3000 MIAMI FL 33131	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 600024186426 10/28/03--01010--010 **150.00 City FL Zip Code
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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]* **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date 10-21-03

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
PCOO	ZELL, DON R	799 BRICKELL PLAZA, #801	MIAMI FL 33131
EP	MITCHELL, WILLIAM J	799 BRICKELL PLAZA, #801	MIAMI FL 33131
MGR	HOLLAND & KNIGHT CONSULTING, LLC	400 N. ASHLEY DR., STE. 2300	TAMPA FL 33602

REINSTATEMENT 2003

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 10/20/03

Daytime Phone # 754 431-5095

Typed or printed name of signing Managing Member/Manager

Don R. Zell