

**APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY**



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
DIVISION OF CORPORATIONS

FILED

98 MAY 15 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT #

L95-986

Rest Area, L.L.C.
P.O. Box 8171
965 Reef Lane
Vero Beach, FL 32963

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address

Same

2. Principal Place of Business

965 Reef Lane

Suite, Apt. #, etc.

P.O. Box 8171

City & State

Vero Beach FL

Zip

32963

Country

USA

2a. Mailing Address

965 Reef Lane

Suite, Apt. #, etc.

P.O. Box 8171

City & State

Vero Beach FL

Zip

32963

Country

USA

3. Date Organized or Qualified

December 29, 1995

3a. State of Formation

FL

4. FEI Number

59-3348227

☐ Applied For

☐ Not Applicable

5. Date of Last Report

4-15-96

6. Certificate of Status Desired

☐ \$6.75 Additional Fee Required

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, etc.

City

Zip Code

Ray L. Jiruska
965 Reef Lane -- P.O. Box 8171
Vero Bch, FL 32963

FL

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

Ray L. Jiruska

Date: 03/06/98

REGISTERED AGENT MUST SIGN

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

MGRM

Ray L. Jiruska

965 Reef Lane

Vero Bch, FL 32963

MGRM

John Turk

1275 N. Atlantic ave

Cocoa Bch, FL 32931

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REINSTATEMENT

97-98CM

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

Ray L. Jiruska

Date: 03/6/98

Daytime Phone # 407-783-2252

Typed or printed name of signing Managing Member/Manager

Ray L. Jiruska