

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. DOCUMENT # L95000000986

Name and Mailing Address

03 JAN -7 AM 10:41

1/13

0001490 01 FP 0.352 **PRST 75 0 0615 33062-502251



REST AREA, L.L.C.

201 N. RIVERSIDE DR. #201

POMPANO BEACH FL 33062-5022

300009809879

01/07/03--01030--004 **200.00



REINSTATEMENT

2002-2003

2. New Mailing Address

3610 Ocean Beach Blvd. #103B

City, State, Zip

Cocoa Beach FL 32931

Principal Place of Business

201 N. RIVERSIDE DR. #201
POMPANO BEACH FL 33062

3. New Principal Place of Business Address

3610 Ocean Beach Blvd. #103B

City, State, Zip

Cocoa Beach FL 32931

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

12/20/1995

6. FEI Number

59-3348227

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E084 (8/02)

8. Name and Address of Current Registered Agent

JIRUSKA, RAY L
~~201 N. RIVERSIDE DR. #201~~
~~POMPANO BEACH FL 33062~~

3610 Ocean Beach Blvd
Cocoa Beach FL 32931

9. Name and Address of New Registered Agent

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

Ray L. Jiruska

REGISTERED AGENT MUST SIGN

Date

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	JIRUSKA, RAY L	201 N. RIVERSIDE DR. #201 3610 Ocean Beach Blvd #103B	POMPANO BEACH FL 33062 Cocoa Beach FL 32931
MGRM	TURK, JOHN	1275 N. ATLANTIC AVE	COCOA BEACH FL 32931

2002-2003

REINSTATEMENT

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

Ray L. Jiruska

Date

1/2/02

Daytime Phone

(319) 363 7771

Typed or printed name of signing Managing Member/Manager

Ray L. Jiruska