

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 #** L96000000202

Name and Mailing Address

0009304 01 AT 0.292 **AUTO T4 0 0615 33607-177237



GOULD EVANS ASSOCIATES, P.L.
5405 WEST CYPRESS
SUITE 112
TAMPA FL 33607-1772



10/28

2003

MJH

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 02/21/1996	
Principal Place of Business 5405 WEST CYPRESS SUITE 112 TAMPA FL 33607	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3361069	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 CFRA, LLC ONE HARBOUR PLACE, 777 S HARBOUR ISLAND BL VD. 5TH FLOOR TAMPA FL 33602	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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

Date 10-21-03

REGISTERED AGENT MUST SIGN

Peter J. Winders For CFRA, LLC

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
MEM	GOULD, ROBERT E	4041 MILL STREET	KANSAS CITY MO 64111
MEM	EVANS, DAVID C	3136 NORTH THIRD AVENUE	PHOENIX AZ 85013
MGRM	CARPENTER, STEVE J	5405 WEST CYPRESS, STE. 112	TAMPA FL 33607
900024184419 10/28/03--01007--014 **150.00			
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]

SIGNATURE REQUIRED

Date 10/21/03

Daytime Phone # 813-288-0729

Typed or printed name of signing Managing Member/Manager

STEVEN J. CARPENTER FOR GOULD EVANS ASSOC., FL

CR2E084 (7/03)