

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT

DEPARTMENT OF REVENUE
FLORIDA
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L96000000615

Name and Mailing Address

0004320 01 AT 0.292 **AUTO TB 0 0615 32963-171099

RELOCATION INVESTMENTS, L.C.

505 BEACHLAND BLVD.

SUITE 1-215

VERO BEACH FL 32963-1710

04 MAR -5 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. New Mailing Address 5200 St. Andrews Isle Dr.		4. State/Country of Formation FL	
City, State, Zip Vero Beach, FL 32967		5. Date Organized or Qualified To Do Business in Florida 06/04/1996	
Principal Place of Business 2920 CARDINAL DR. VERO BEACH FL 32963		3. New Principal Place of Business Address 5200 St. Andrews Dr.	
City, State, Zip Vero Beach, FL 32967		6. FEI Number 65-0675821	
		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
8. Name and Address of Current Registered Agent TONER, JOHN 2920 CARDINAL DR. VERO BEACH FL 32963		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent Name PLAYFORD, Gil Street Address (P.O. Box Number is Not Acceptable) 5200 St. Andrews Isle Dr. Vero Beach, FL City FL Zip Code 32967	
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 Gil Playford Date JAN. 10, 2004 REGISTERED AGENT MUST SIGN			
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
MGR	PLAYFORD, GILBERT E	5200 5TH ANDREWS DR	VERO BEACH FL 32987
MGR	MCARTHUR, ARDIS	200 CONSUMERS ROAD	VERO BEACH FL 32967
MGR	TONER, JOHN	4870 COVENTRY COURT	VERO BEACH FL
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 Gil Playford		Date FEB 16, 2004 Daytime Phone # 772-564-0918	
Typed or printed name of signing Managing Member/Manager			

CR2E034 (7/03)