

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLC 0000001028
DIVISION OF CORPORATIONS		

FILED
03 NOV 13 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L96000001028

Name and Mailing Address

0010607 01 AT 0.292 **AUTO T9 0 0615 34217-123113



ROD & REEL MOTEL, L.C.
713 KEY ROYALE DR
HOLMES BEACH FL 34217-1231



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/01/1996	
Principal Place of Business 877 NORTSHORE DRIVE ANNA MARIA FL 34216	3. New Principal Place of Business Address	6. FEI Number 65-0697351	Applied For Not Applicable
City, State, Zip		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 SHOAF, MARGARET CPA 2100 S. TAMiami TR., #200 SARASOTA FL 34239	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 *Margaret Shoaf* **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date 11-10-03

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
MGRM	SCHOENFELDER, MARIO	713 KEY ROYAL DRIVE	HOLMES BEACH FL 34217
MGRM	SCHOENFELDER, CHRISTIANE	713 KEY ROYAL DRIVE	HOLMES BEACH FL 34217
700024639367 11/13/03--01051--010 **150.00			
REINSTATEMENT <u>03</u>			

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

Mario Schoenfelder **SIGNATURE REQUIRED**

Date 10/31/2003

Daytime Phone # (941) 778-8661

Typed or printed name of signing Managing Member/Manager