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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

04 JAN 21 AM 9:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. **DOCUMENT #** L96000001339

Name and Mailing Address

0012807 01 AT 0.292 **AUTO T6 0 0615 33480-311820



ANGELA DRESKA LIMITED COMPANY
220 MOCKINGBIRD TRAIL
PALM BEACH FL 33480-3118

100027361961
01/21/04--01084--007 **200.00



MJH

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/23/1996	
Principal Place of Business 220 MOCKINGBIRD TRAIL PALM BEACH FL 33480	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-0734528	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 MCCLUSKEY, ANGELA D 220 MOCKINGBIRD TRAIL PALM BEACH FL 33480	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

Angela Dreska
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 1/12/2004

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	MCCLUSKEY, ANGELA D	220 MOCKINGBIRD TRAIL	PALM BEACH FL 33480

REINSTATEMENT 2003-2004

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

Angela Dreska
SIGNATURE REQUIRED

Date

1/12/2004

Daytime Phone #

203 791 4462

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)