

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 10 PM 3:27

1. DOCUMENT # L97000001008

Name and Mailing Address

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DIEFENBACH INVESTMENTS, L.C.

16741 GULF BOULEVARD

NORTH REDINGTON BEACH FL 33708-4414



2. New Mailing Address 416 HARBOR DRIVE NORTH		4. State/Country of Formation FL	
City, State, Zip INDIAN ROCKS BEACH, FL. 33785		5. Date Organized or Quantified To Do Business in Florida 09/12/1997	
Principal Place of Business 16741 GULF BOULEVARD NORTH REDINGTON BEACH FL 33708	3. New Principal Place of Business Address 416 HARBOR DRIVE N. City, State, Zip INDIAN ROCKS BEACH, FL. 33785	6. FEI Number 59-3482115	Applied For <input type="checkbox"/> Not Applicable
8. Name and Address of Current Registered Agent DIEFENBACH, ELKE B 416 NORTH HARBOR DRIVE INDIAN ROCKS BEACH FL 34635		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 900030247849 03/10/04--01077--006 **200.00 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 *Elke B. Diefenbach* **SIGNATURE REQUIRED** Date 2/24/04

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	DIEFENBACH, MANFRIED	416 N. HARBOR DRIVE	INDIAN ROCKS BEACH FL 34635

REINSTATEMENT 03-04
dec

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 *Manfred Diefenbach* **SIGNATURE REQUIRED** Date 2/24/04 Daytime Phone # 727-596-369

Typed or printed name of signing Managing Member/Manager