

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
In Service  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L97000001060

Name and Mailing Address

0011326 01 SP 0.370 \*\*SNGLP

0615 32309

WALLACE-AUSTIN WAORANI RESEARCH PROJECT, L.L.C.  
3207 EST SHAMROCK, APT. #6  
TALLAHASSEE FL 32309

02 DEC 26 PM 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700009670807  
12/24/02--01050--001 \*\*150.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/22/1997	
Principal Place of Business 3207 EST SHAMROCK, APT. #6 TALLAHASSEE FL 32309	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3504276	Applied For Not Applicable
8. Name and Address of Current Registered Agent AUSTIN, GEORGE HARRY T 3207 EST SHAMROCK, APT. #6 TALLAHASSEE FL 32309		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) City FL Zip Code			

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 G. Harry T. Austin. Date Dec 21, 2002

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	WALLACE, JAYNE T	3207 EST SHAMROCK, APT. #6	TALLAHASSEE FL 32309

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 Jayne T. Wallace Date 12/23/02 Daytime Phone # 950/906/4110

Typed or printed name of signing Managing Member/Manager JAYNE T. WALLACE

CR2E084 (8/02)