## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

1. DOCUMENT # L98000000529

Name and Mailing Address

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2. New Mailing Address				4. State/Country of Formation FL			
City, State, Z	<b></b>		The second second		zed of Qualified less in Florida	04/28/1998	
5538	ce of Business B WINHAWK WAY	3. New Principal Place of	Principal Place of Business Address		3592719	Applied For -	
LUTZ FL 33549 City, Stat		City, State, Zip	State, Zip		7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent				Name and Address of New Registered Agent			
VANESA, JAY 5538 WINHAWK WAY LUTZ FL 33558			Name Street Addr	Name Street Address (P.O. Box Number is Not Acceptable)			
	,		City			EL Zip Code	
Signature of Registered A	ngent RE	GISTERED AGENT MUST SI	JIRED	and accept the oblig	pations of Chapter 608, F	) <u>Y</u>	
11. Names	and Street Addresses of Each Managing	Member/Manager	Street Address of E	'a ab			
Title(s)	Name of Managing Members/Managers			Manager City / State / Zip		/ State / Zip	
MGRM	VANESA, JAY	5538 V 	NINHAWK WAY	<del>-</del> .	LUTZ FL 3354	9 —	
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filing this all fees as if ma Signature of	that I am managing member/manager of serious tatement application the reason to owed by the limited liability company have under oath.  SIGNATION OF THE PROPERTY OF THE PROPE	r dissolution has been eliminate e been n. u. The information in	ed, the limited liability on ndicated on this applica	company name satisfication is true and accur	es the requirements of se	ection 608.406, F.S., and that hall have the same legal effect	