

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICANT
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

Division of Corporations

FILED

02 DEC -4 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L98000001147

Name and Mailing Address

0006827 01 FP 0.352 **PRSR TO 0 0615 33813-295938



FOURNET DESIGNS, L.C.
5138 LAKE IN THE WOODS COURT
LAKELAND FL 33813-2959

700009347977
12/04/02--01044--004 **150.00



CR2E084 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 5138 LAKE IN THE WOODS COURT LAKELAND FL 33813		5. Date Organized or Qualified To Do Business in Florida 07/21/1998	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 52-2108837 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 FOURNET, FAITH 5138 LAKE IN THE WOODS COURT LAKELAND FL 33813		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 Faith Fournet Date 12/1/02

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
MGRM	FOURNET, FAITH	5138 LAKE IN THE WOODS COURT	LAKELAND FL 33813

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 Faith Fournet Date 12/1/02 Daytime Phone # 863-646-3950

Typed or printed name of signing Managing Member/Manager Faith Fournet