

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
DIVISION OF CORPORATIONS

FILED

03 DEC -2 PM 3:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L98000001188

Name and Mailing Address

0010772 01 AT 0.292 \*\*AUTO T9 0 0615 34231-601799

D & S OF CORAL SPRINGS, L.C.

2750 STICKNEY POINT ROAD, SUITE 201  
SARASOTA FL 34231-6017



CR2E(84 (7/03)

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/23/1998	
Principal Place of Business 2750 STICKNEY POINT ROAD, SUITE 201 SARASOTA FL 34231	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-0904087	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 DOOLEY, WILLIAM A ESQ. NELSON-HESSE 1432 FIRST STREET SARASOTA FL 34236	9. Name and Address of New Registered Agent Name <u>WENDY L. MACK</u> Street Address (If Box Number is Accountable) <u>2750 STICKNEY POINT ROAD # 201</u> City <u>SARASOTA</u> FL <u>34231</u>
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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 Wendy L. Mack **SIGNATURE REQUIRED** Date 11-26-03  
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	DOOLEY, WILLIAM R	2750 STICKNEY POINT ROAD, SUITE 201	SARASOTA FL 34231
MGRM	SMITH, KENNETH D	2750 STICKNEY POINT ROAD, SUITE 201	SARASOTA FL 34231
MGRM	DOOLEY, MICHAEL M	1824 WESTGATE CR S100	BRENTWOOD TN 37027
MGRM	BRUNER, MICHAEL A	11971 NW 37 ST	CORAL SPG FL 33065

300025168853  
12/02/03--01064--005 \*\*150.00  
**REINSTATEMENT**

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 Wendy L. Mack Date 11/26/03 Daytime Phone (941) 921-4636

Typed or printed name of signing Managing Member/Manager