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

03 NOV 10 PM 4: 05

1. DOCUMENT # L98000001408

Typed or printed name of signing Managing Mr. hber/Manager

Name and Mailing Address

0001723 01 AT 0.292 **AUTO T8 0 0615 32223-188421

THE LITTLE CAL, LLC 11701 SAN JOSE BLVD., SUITE 21 JACKSONVILLE FL 32223-1884



2. New Mailing Address				State/Country of Formation FL		
City, State, Zip				5. Date Organized or Qualified To Do Business in Florida 08/10/1998		
Principal Place of Business 11701 SAN JOSE BLVD., SUITE 21 JACKSONVILLE FL 32223		New Principal Place of Business Address		50 2527670		Applied For Not Applicable
		City, State, Zip		7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent						gent
GENOVA, KEN JR.			Name			
117	701 SAN JOSE BLVD., SUITE 2	1	Street Address (P.O. Box Number is Not Acceptable)			
JAC	CKSONVILLE FL 32223		11/10/0301001024 **150.00			
			Gty		FL	Zip Code
10. I, being appointed the resisters agent se above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.						
Signature of Registered Agent SIGNATURE REQUIRED Date 10/30/03						
		GISTERED AGENT MUST SIGN				
11. Names and Street Addresses of Etch Managing Member/Manager						
Title(s)	Name of Managing Members/Managers		Street Address of Each Managing Member/Manager		City / State / Zip	
MGR -	GENOVA, KEN JR.	11701 SAN J(11701 SAN JOSE BLVD., STE 21		JACKSONVILLE FL 32223	
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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 filling 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 cor pany lave 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/Manage WISH/TRE REQUIRED Date 10/3403 Daytime Phone # 904 260 4697						