| Tear Here A<br>PLEASE READ   |  | <sup>r Here</sup> ▲<br>BEFORE C   | COMPLETING THIS FORM.   | r Here           |
|--|--|---|---|------------------|
| APPLICATION<br>FOR<br>REINSTATEMENT  | FLORIDA DEPARTMEN<br>Glenda E. Ho<br>Secretary of St<br>DIVISION OF CORPOR           | <b>od</b><br>ate  | FILED   |                  |
| 1. DOCUMENT # L98000002882<br>Name and Mailing Address   |  |   | 03 NOV 21 AN 0  |                  |
| 0012707 01 AT 0.292 AUTO<br>IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII   | վենվեստենիկուսիսի  | MK  | SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA  |                  |
| 2. New Mailing Address   |  |   | 4. State/Country of Formation<br>FL   |                  |
| City, State, Zip   |  |   | 5. Date Organized or Qualified<br>To Do Business in Florida 11/23/1998  |                  |
| rincipal Place of Business<br>6360 UNGERER STREET<br>JUPITER FL 33458  | 3. New Principal Place of Busine<br>741 56 BLUE STE<br>City, State, Zip              |   | 6. FEI Number Applied<br>06–1533170 Not App<br>7 \$5.00. Additional Fee   | olicable         |
|  | STUART, FL 3   | 4997  | 7. CERTIFICATE OF STATUS DESIRED To for a Certificate of S  |                  |
| 8. Name and Address of Current Registered Agent<br>CONN, PETER A<br>6360 UNGERER STREET<br>JUPITER FL 33458  |  | 9. Name and Address of New Registered Agent    Name RETER A. CONN   Street Address (P.O. BOX Number is Not Acceptable) UAY   741.5W BLUE STEM |   |                  |
| , ,,, ,, ,,,, ,,,, ,,,,,,,,,, |  | City STU,   | ART FL Zin Code 99  | 17               |
|  | above named limited liability company  |   | nd accept the obligations of Chapter 608, F.S.  |                  |
| 1. Names and Street Addresses of Each Managing   |  | eet Address of Each   | h   |                  |
|  | Members/Managers Managing Member/Mar<br>CONN, PETER A B360-UNSERER_STREET            |   | ager City / State / Zip   | <b>-7</b> .      |
|  | 741 56 1   | BLUE STEP   | M WAY STUART FL 3499  | /                |
|  |  | ·   | 100024923451<br>11/21/0301033011 **150.00   |                  |
|  |  | · · · · · · · · · · · · · · · · · · ·   |   |                  |
| REINSTATEMEN   | 1 2002   |   |   |                  |
|  | 17K  |   |   |                  |
| filing this reinstatement application the reason i<br>ail fees owed by the limited liability company ha  | for dissolution has been eliminated, the<br>ave been paid. The information indicated | limited liability compa<br>d on this application i  | plication as provided for in chapter 608, F.S. I further certify that the pany name satisfies the requirements of section 608.406, F.S., and is true and accurate, and my signature shall have the same legal $18/03$ Daytime Phone # 772-463-064 | d that<br>effect |

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