

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
L98000003181

FILED

02 NOV -5 AM 10: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L98000003181
Name and Mailing Address

0000762 01 FP 0.352 **PRSR T3 0 0615 32803-374340
TAZ ADVISORY SERVICES, LLC
3535 LAWTON ROAD, SUITE 115
ORLANDO FL 32803-3743



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 3535 LAWTON ROAD, SUITE 115 ORLANDO FL 32803		5. Date Organized or Qualified -- To Do Business in Florida 12/14/1998	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 59-3561553	
		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 TAYLOR, PAULA M 3535 LAWTON ROAD, SUITE 115 ORLANDO FL 32803		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 588808790515 11/04/02--01093--016 **150.00 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 Paula M. Taylor Date 10/24/02

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	TAYLOR, PAULA M	250 BROADMOOR RD	LAKE MARY FL 32746
MGRM	ZIEGENBEIN, MICHELLE R	892 ST. CROIX AVE.	APOPKA FL 32703

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REINSTATEMENT 2002

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 Paula M. Taylor Date 10/24/02 Daytime Phone # 407-898-2251

Typed or printed name of signing Managing Member/Manager