

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

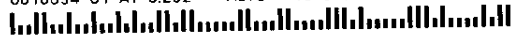
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 31 PM 5:56

1. DOCUMENT # L98000003492

Name and Mailing Address

0010694 01 AT 0.292 **AUTO T9 0 0615 34230-331919



OCTOPUS, LLC
P.O. BOX 3319
SARASOTA FL 34230-3319



2. New Mailing Address

P.O. BOX 15706

City, State, Zip

SARASOTA, FL 34277

Principal Place of Business

2174 HIBISCUS STREET
SARASOTA FL 34239

3. New Principal Place of Business Address

2844 BAY ST

City, State, Zip

SARASOTA, FL 34237

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida

01/01/1999

6. FEI Number

65-0885613

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

JORDAN, JENNIFER J
2174 HIBISCUS STREET
SARASOTA FL 34239

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2844 BAY STREET

City

SARASOTA

FL

Zip Code

34237

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 12/26/03

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	JORDAN, JENNIFER J	2174 HIBISCUS STREET 2844 BAY STREET	SARASOTA FL 34239 34237
MGRM	WILLIAMS, GREGORY A	2174 HIBISCUS STREET 2844 BAY STREET	SARASOTA FL 34239 34237

500025884785
12/31/03--01029--013 **\$300.00

REINSTATEMENT

03

dec

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 12/26/03 Daytime Phone # 941-957-6411

Typed or printed name of signing Managing Member/Manager

GREGORY A. WILLIAMS

CR2E084 (7/03)