

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Glenda F. Ford
Secretary of State
DIVISION OF CORPORATIONS

L9900000386

FILED
03 DEC 12 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000000386

Name and Mailing Address

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FLORIDA PINES PROPERTIES, L.L.C.
11320 LONGWATER CHASE COURT
FT. MYERS FL 33908-4923



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 01/12/1999	
Principal Place of Business 11320 LONGWATER CHASE COURT FT. MYERS FL 33908	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 25-4329092	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 CUNNINGHAM, DAVID A 11320 LONGWATER CHASE COURT FT. MYERS FL 33908	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 *[Signature]* **SIGNATURE REQUIRED** Date *Dec. 5, 2003*

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	CUNNINGHAM, DAVID	11320 LONGWATER CHASE COURT	FT. MYERS FL 33908
MGRM	ROOT, TIMOTHY	1410 JOHNSON STREET	KEY WEST FL 33040
600023589396 10/06/03 01071 005 \$50.00 12/12/03 0103 001 \$100.00			
REINSTATEMENT <i>2003</i> <i>12/9 msk</i>			

12. I certify that I am managing member/manager of the above named limited liability company and am 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]* **SIGNATURE REQUIRED** Date *Dec 3, 2003* Daytime Phone # *239-415-2692*

Typed or printed name of signing Managing Member/Manager