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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
03 NOV -3 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000000935

Name and Mailing Address

0013367 01 AT 0.292 **AUTO T8 3 0615 34996-176599

SPECIALTY SALES, LLC
579 N.E. PLANTATION RD.
OCEAN HOUSE 308-N
STUART FL 34996-1765

2. New Mailing Address
1700 AIRLINE HWY # 451

City, State, Zip
HOLLISTER, CA 95023

Principal Place of Business
579 N.E. PLANTATION RD.
OCEAN HOUSE 308-N
STUART FL 34996

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
02/15/1999

6. FEI Number
58-2444204

☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

CR2E034 (7/03)

8. **Name and Address of Current Registered Agent**

WENTWORTH, RICHARD H
579 NE PLANTATION RD
OCEAN HOUSE 308-N
STUART FL 34996

9. **Name and Address of New Registered Agent**

Name
GREG PETERSEN

Street Address (P.O. Box Number is Not Acceptable)
579 NE PLANTATION RD. #308-N

City
STUART FL 34996

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 REQUIRED GREG PETERSEN Date 10/27/03

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	~~WENTWORTH, RICHARD H~~ GINGER PETERSEN WENTWORTH	579 NE PLANTATION RD	STUART FL 34996
MGRM	PETERSEN, GREGORY A	1810 SEVERINSEN STREET	HOLLISTER CA 95023

700024375917
11/03/03--01033--022 **155.00

REINSTATEMENT 03-cw

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 REQUIRED GREG PETERSEN Date 10/27/03 Daytime Phone # 831-801-5159

Typed or printed name of signing Managing Member/Manager