

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Division of Corporations

1. DOCUMENT # L99000001596

Name and Mailing Address

0001147 01 AT 0.292 **AUTO T6 2 0615 32080-731160



THE DOCK STREET GROUP, LLC
60 KON TIKI CIRCLE
ST. AUGUSTINE FL 32080-7311



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LR 3/10/04

2. New Mailing Address <u>306 Beau Jean Ave</u>		4. State/Country of Formation FL	
City, State, Zip <u>Melbourne Beach, FL 32951</u>		5. Date Organized or Qualified To Do Business in Florida 03/22/1999	
Principal Place of Business 60 KON TIKI CIRCLE ST. AUGUSTINE FL 32084	3. New Principal Place of Business Address <u>306 Beau Jean Ave</u> City, State, Zip <u>Melbourne Bch, FL 32951</u>	6. FEI Number 59-3578804	Applied For <input type="checkbox"/> Not Applicable
8. Name and Address of Current Registered Agent FORTSON, ROBERT M IV 60 KON TIKI CIRCLE ST. AUGUSTINE FL 32084		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent Name <u>Justin Heuer</u> Street Address (P.O. Box Number is Not Acceptable) <u>306 Beau Jean Ave</u> City <u>Melbourne Beach</u> FL <u>32951</u>	
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 <u>[Signature]</u> Date <u>2-6-04</u> 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
MGR	STRAUS, NATHAN	1028 CHAMBERG LANE	MT. PLEASANT SC 29484
MGR	HEVER, JUSTIN	306 BEAU JEAN AVENUE	MELBOUNE BEACH FL 32951
MGR	FORTSON, ROB	60 KON TIKI CIRCLE	ST. AUGUSTINE FL 32084
		2003 -	600029304306
		2004 -	02/24/04--01036--011 **200.00
REINSTATEMENT			

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] Date 2-6-04 Daytime Phone # 321-591-6755

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)