

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT
UBR



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. DOCUMENT # L99000001814

Name and Mailing Address

0000659 01 FP 0.352 **PRSR T3 0 0615 32801-180120

SMILES 'N SUN, L.C.
220 NORTH PALMETTO AVENUE, SUITE 200
ORLANDO FL 32801-1801

FILED

02 NOV 12 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500008780465
11/04/02--01058--004 **100.00

500008780465



2. New Mailing Address

4016 CORTEZ RD W #1105

City, State, Zip
BRADENTON, FL 34210

Principal Place of Business

220 NORTH PALMETTO AVENUE, SUITE 200
ORLANDO FL 32801

3. New Principal Place of Business Address

SAME AS ABOVE
City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

03/31/1999

6. FEI Number

59-3672177

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

CROSBY, J. WAYNE
220 NORTH PALMETTO AVENUE, SUITE 200
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name
RICK GRAEF

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

4016 CORTEZ RD W #1105

City
BRADENTON

FL

Zip Code
34210

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]

Date 10-31-02

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	THE FORMISON TRUST	P.O. BOX N-85	NASSAU, BAHAMAS

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 11-07-02

Daytime Phone # 741-755-4788

Typed or printed name of signing Managing Member/Manager