

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

2003 NOV 20 PM 1:06

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000003067

Name and Mailing Address

0017707 01 FP 0.352 \*\*PRSR T4 0 0615 34202

301 INVESTMENTS, L.L.C.  
6620 VENTURE DRIVE, SUITE 102  
BRADENTON FL 34202



CR2004 (7/03)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

05/27/1999

Principal Place of Business

6620 VENTURE DRIVE, SUITE 102  
BRADENTON FL 34202

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

65-0924004

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

BUSTARD, R. DAVID ESQ.  
C/O WILLIAMS, PARKER, ET AL  
200 SOUTH ORANGE AVE.  
SARASOTA FL 34236

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

*R. David Esq. Bustard*  
REGISTERED AGENT MUST SIGN

Date 11-14-03

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
MGR	FAULKNER, WAYNE	6620 VENTURE DRIVE, SUITE 102	BRADENTON FL 34202

9000021076779  
11/20/03--01025--032 \*\*155.00

REINSTATEMENT 2003

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 in 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

*Wayne Faulkner*

Date 11-4-03

Daytime Phone #

(941) 907-1199

Typed or printed name of signing Managing Member/Manager

WAYNE FAULKNER