

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

SECRETARY OF STATE
DIVISION OF CORPORATIONS

John Smith
Secretary of State

FILED

1. DOCUMENT # L99000003459

Name and Mailing Address

02 DEC -9 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0009656 01 FP 0.352 **PRSRT H3 0 0615 32561-481301
EHISTORY.COM LLC
350 PENSACOLA BEACH BLVD., SUITE 1
GULF BREEZE FL 32561-4813



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 350 PENSACOLA BEACH BLVD., SUITE 1 GULF BREEZE FL 32561		5. Date Organized or Qualified To Do Business in Florida 06/14/1999	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 59-3580952	
8. Name and Address of Current Registered Agent LAIDIG, SCOTT R 3713 CEYLON DRIVE GULF BREEZE FL 32561		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 Street Address (P.O. Box Number is Not Acceptable) 200009418622 12/09/02--01064--005 **150.00 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 <i>Scott R Laidig</i> REGISTERED AGENT MUST SIGN Date			
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	LAIDIG, SCOTT R	3713 CEYLON DRIVE	GULF BREEZE FL 32561
REINSTATEMENT <i>2002</i> <i>12/10 just</i>			

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 *Scott R Laidig* Date 12-6-02 Daytime Phone # 850 712 5522

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)