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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**

2004 JAN 16 PM 3:18

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. **DOCUMENT #** L99000003659

Name and Mailing Address

0005028 01 AT 0.292 \*\*AUTO TO 0 0615 33037-531002



ZVEST, L.L.C.  
2 S. PELICAN DR.  
KEY LARGO FL 33037-5310



|  |  |  |                               |
|--|--|--|-------------------------------|
| 2. New Mailing Address   |  | 4. State/Country of Formation<br>FL  |                               |
| City, State, Zip   |  | 5. Date Organized or Qualified<br>To Do Business in Florida 06/22/1999   |                               |
| Principal Place of Business<br>2 S. PELICAN DR.<br>KEY LARGO FL 33037  | 3. New Principal Place of Business Address<br>City, State, Zip | 6. FEI Number<br>36-4341494  | Applied For<br>Not Applicable |
| 8. Name and Address of Current Registered Agent<br>ZIFFERER, SCOTT C<br>2 S. PELICAN DR.<br>KEY LARGO FL 33037   |  | 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required<br>for a Certificate of Status |                               |
| 9. Name and Address of New Registered Agent  |  |  |                               |
| Name   |  |  |                               |
| Street Address (P.O. Box Number is Not Acceptable)   |  | 700027099577   |                               |
|  |  | 01/16/04--01036--001 **205.00  |                               |
| 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  |  | Date 1/7/04  |                               |
| SIGNATURE REQUIRED   |  | 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   | SCOTT C. ZIFFERER LIVING TRUST                                 | 2 SOUTH PELICAN DRIVE  | KEY LARGO FL 33037            |
|  |  |  |                               |
|  |  |  |                               |
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| REINSTATEMENT 2003-04  |  |  |                               |
| 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   |  | Date 1/7/04 Daytime Phone # 305 367-2628   |                               |
| SIGNATURE REQUIRED   |  |  |                               |
| Typed or printed name of signing Managing Member/Manager   |  |  |                               |

CR2004 (7/03)