

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

L99000004267

2002 NOV 15 AM 11:56

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000004267
Name and Mailing Address

0009555 01 FP 0.352 **PRSRTH3 0 0615 32507-44666
GLASSELL ENTERPRISES, L.L.C.
P.O. BOX 34466
PENSACOLA FL 32507-4466

200009012702
11/15/02--01009--002 **150.00



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business P.O. BOX 34466 PENSACOLA FL 32507		5. Date Organized or Qualified To Do Business in Florida 07/14/1999	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 59-3589549	
8. Name and Address of Current Registered Agent GLASSELL, BRUCE C 14113 PERDIDO KEY DRIVE PENSACOLA FL 32507		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) 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>[Signature]</i> Date 11-5-02 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	GLASSELL, BRUCE C	14113 PERDIDO KEY DRIVE	PENSACOLA FL 32507

REINSTATEMENT 2002 *[Signature]*

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 11-11-02 Daytime Phone # 850 492-5222
Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)