

DIVISION OF CORPORATIONS



FILED

2002 NOV 15 AM 11:19

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

|||||

LAKE CITY FL 32055-2727



2. New Mailing Address <div style="font-size: 1.2em; font-weight: bold;">525 NW RAILROAD STREET</div>		4. State/Country of Formation <div style="font-size: 1.2em; font-weight: bold;">FL</div>	
City, State, Zip <div style="font-size: 1.2em; font-weight: bold;">LAKE CITY FL 32055</div>		5. Date Organized or Qualified To Do Business in Florida <div style="font-size: 1.2em; font-weight: bold;">07/14/1999</div>	
Principal Place of Business <div style="font-size: 1.2em; font-weight: bold;">001 W. RAILROAD ST. LAKE CITY FL 32055 ABOVE</div>	3. New Principal Place of Business Address <div style="font-size: 1.2em; font-weight: bold;">525 NW RAILROAD ST</div>	6. FEI Number <div style="font-size: 1.2em; font-weight: bold;">59-0869912</div>	Applied For Not Applicable
City, State, Zip <div style="font-size: 1.2em; font-weight: bold;">LAKE CITY, FL 32055</div>		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent <div style="font-size: 1.2em; font-weight: bold;">TYLER, TIMOTHY M 991 W. RAILROAD ST. LAKE CITY FL 32055</div>	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

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
MGR	NEAL TYLER & SONS INC	991 W. RAILROAD ST.	LAKE CITY FL 32055

REINSTATEMENT

2002

CR2EC84 (8/02)

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 _____

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Typed or printed name of signing Managing Member/Manager