PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

DIVISION OF CORPORATIONS

1. DOCUMENT #

L99000004669

Name and Mailing Address

FILED

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DIVIDION OF CORPORATIONS TALLAHASSEE, FLORIDA

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2. New Mailing Address				4. State/Country of Formation			
City, State, Zip				4. State/Country of Formation FL 5. Date Organized or Qualified To Do Business in Florida 07/30/1999			
800 CASEY KEY ROAD NOKOMIS FL 34275		3. New Principal Place of Business Address		11	6. FEI Number Applied For 34–1899019 Not Applicable		
		City, State, Zip		7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent				Name and Address of New Registered Agent			
CHROSTOWSKI, MELVIN J 92 ISLAND DRIVE SARASOTA FL 34242			Name Street Address (P.O. Box Number is Not Acceptable)				
			City FL Zip Code			Zip Code	
Signature o Registered	Agent N/// NRE	GISTERED AGENT MUST SIGN	am familiar with	and accept the obliga	ations of Chapter 608, F.S. Date1.1/12/03_		
11. Names	and Street Addresses of Each Managing						
Title(s)			eet Address of Ea ging Member/Mar			e / Zip	
MGR	OLIVIER, GEORGE R 800 CASEY		EY ROAD	NOKOMIS FL			
MGR	CHROSTOWSKI, MELVIN J 92 ISLAND		OR I V E		SARASOTA FL		
				30C 1172070	00248661: 3=01004=015	33 *150.00	
REINSTATE VIET 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							
filing th all fees as if m Signature of Managing M	is reinstatement application the reason for owed by the limited liability company have ade under oath.	dissolution has been eliminated, the been paid. The information indicated the paid of the paid.	limited liability cor I on this application	mpany name satisfies on is true and accurat	the requirements of section	608.406, F.S., and that ve the same legal effect	