

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

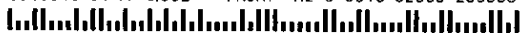
02 DEC -3 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000004810

Name and Mailing Address

0010940 01 FP 0.352 **PRSR H2 0 0615 32859-203636



LAW OFFICE OF JAMES J. FLICK, L.L.C.
P.O. BOX 592036
ORLANDO FL 32859-2036

600009307056
12/03/02--01011--010 **150.00



2. New Mailing Address

P.O. Box 592036

City, State, Zip
Orlando, FL 32859-2036

Principal Place of Business

3117 EDGEWATER DRIVE
ORLANDO FL 32804

3. New Principal Place of Business Address

608 E. Central Boulevard

City, State, Zip
Orlando, FL 32801

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

08/05/1999

6. FEI Number

59-3600343

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

FLICK, JAMES J
3117 EDGEWATER DRIVE
ORLANDO FL 32804

9. Name and Address of New Registered Agent

Name

James J. Flick
Street Address (P.O. Box Number is Not Acceptable)

608 E. Central Boulevard

City
Orlando

FL

Zip Code

32801

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

James J. Flick

REGISTERED AGENT MUST SIGN

Date

11/27/02

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	FLICK, JAMES J	6803 BARBY LANE	ORLANDO FL 32812

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12/03/02--01011--010 **150.00

REINSTATEMENT

02
dec

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

James J. Flick

Date

11/27/02

Daytime Phone #

407-426-8818

Typed or printed name of signing Managing Member/Manager

James J. Flick

CR2E084 (8/02)