

L9900005637

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



Florida Department of State
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 24 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000005637
Name and Mailing Address

0009668 01 FP 0.352 **PRSRT H3 0 0615 32563-259304
HLB ENTERPRISES OF NORTHWEST FLORIDA, L.L.C.
2004 RESERVATION ROAD
GULF BREEZE FL 32563-2593



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
3. New Principal Place of Business Address City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/08/1999	
Principal Place of Business 2004 RESERVATION ROAD GULF BREEZE FL 32561		6. FEI Number 59-3597833	Applied For Not Applicable
		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 MOORHEAD, STEPHEN R 4300 BAYOU BLVD., STE 13 PENSACOLA FL 32503	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 500012965035 02/21/03--01080--020 **200.00 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
MGRM	BEARD, DANIEL H	2004 RESERVATION ROAD	GULF BREEZE FL
MGRM	SHAW, DEBRA B TRUSTEE	2049 RESERVATION ROAD	GULF BRREEZE FL
MGRM	CASSELLS, DAWN B TRUSTEE	2049 RESERVATION ROAD	GULF BRREEZE FL
MGRM	BEARD, DANIEL H TRUSTEE	2049 RESERVATION ROAD	GULF BRREEZE FL
REINSTATEMENT 02-03		FBI	

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 Daniel H. Beard Date 2/18/03 Daytime Phone # 850-932-2749

Typed or printed name of signing Managing Member/Manager DANIEL H. BEARD

CR2E084 (8/02)