

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -8 AM 11:40

1. DOCUMENT # L99000007021

Name and Mailing Address

0016219 01 MB 0.309 **AUTO TO 0 0615 40509-186325



COMET ENTERPRISES, LLC
160 PROSPEROUS PLACE, STE. 100
LEXINGTON KY 40509-1863

000025264446
12/03/03-01003--001 **150.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/25/1999	
Principal Place of Business 160 PROSPEROUS PLACE, STE. 100 LEXINGTON KY 40509	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 58-2509236	Applied For Not Applicable
8. Name and Address of Current Registered Agent VETTRAINO, LOUIS H 7912 BREAKWATER COURT BOKEELIA FL 33922		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> SIGNATURE REQUIRED Date 12-1-03 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	VETTRAINO, LOUIS H	7912 BREAKWATER COURT	BOKEELIA FL 33922

REINSTATEMENT

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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

[Signature] **SIGNATURE REQUIRED**

Date 12-1-03

Daytime Phone # 855 263-0055

Typed or printed name of signing Managing Member/Manager