

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 11:41

1. DOCUMENT # L99000007317

Name and Mailing Address

0013219 01 AT 0.292 **AUTO TB 1 0615 34957-384233



ZENITH GODLEY, L.L.C.
4233 NE SKYLINE DRIVE
JENSEN BEACH FL 34957-3842

100025264071
12/08/03--01001--025 **150.00



2. New Mailing Address

City, State, Zip

Principal Place of Business

4233 NE SKYLINE DRIVE
JENSEN BEACH FL 34957

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 10/29/1999

6. FEI Number
65-0956274

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

MCCLAY, J. DONALD
4233 NE SKYLINE DRIVE
JENSEN BEACH FL 34957

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

I, Donald J. McClay, appointed 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

SIGNATURE OF REGISTERED AGENT

REGISTERED AGENT MUST SIGN

Date

12/1/03

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	MCCLAY, J. DONALD	4233 NE SKYLINE DRIVE	JENSEN BEACH FL 34957

REINSTATEMENT

03

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

Donald J. McClay

Date

12/1/03

Daytime Phone #

Typed or printed name of signing Managing Member/Manager