

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L99000007351

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000007351

Name and Mailing Address

0004818 01 FP 0.352 **PRSR T5 0 0615 33606-256205



VILLAGE THREADS, L.L.C.
1605 W. SNOW CIRCLE
TAMPA FL 33606-2562

200009104872
11/20/02--01040--005 **150.00



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 1605 W. SNOW CIRCLE TAMPA FL 33606		5. Date Organized or Qualified To Do Business in Florida 11/02/1999	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 59-3605958	
8. Name and Address of Current Registered Agent GASSMAN, ALAN S ESQ. 1245 COURT STREET, SUITE 102 CLEARWATER FL 33756		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: Scott Swape Street Address (P.O. Box Number is Not Acceptable): 2450 Sunset Pt Rd Ste D City: Clearwater, FL 33765 Zip Code: FL			
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>Scott B. Swape</i> Date: 11-18-02 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
MGR	PURCELL, BETH	1012 N. OSCEOLA AVENUE	CLEARWATER FL 33755
MGR	PURCELL, MISSY L	1605 SNOW AVENUE	TAMPA FL 33606
MGR	Charles Purcell	1012 N Osceola Ave	Clw, FL 33755
REINSTATEMENT 2002			

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: *Samuel C Purcell* Date: 11/7/02 Daytime Phone #: 813-3532111

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)