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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

03 DEC 26 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000008143

Name and Mailing Address

0003238 01 AT 0.292 **AUTO T4 0 0615 32789-254202



SORELLE PARTNERS, LLC
1202 PARK AVENUE
WINTER PARK FL 32789-2542

900025770719
12/26/03--01031--010 **150.00



US

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/24/1999	
Principal Place of Business 1202 PARK AVENUE WINTER PARK FL 32789 US	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3610258	Applied For Not Applicable
8. Name and Address of Current Registered Agent POHL & SHORT, P.A. 280 WEST CANTON AVE., STE. 410 WINTER PARK FL 32789		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		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		Date	
		Oct. 28, 2003	
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	COHEN, ALAN	1202 PARK AVENUE	WINTER PARK FL 32789
MGRM	SCHULTZ, MICHAEL	19 WINTER LANE	HUNTINGTON STATION NY 11748
12. I certify that I am managing member/manager of 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		Date	
		11/28/03	
Typed or printed name of signing Managing Member/Manager		Daytime Phone # 352-735-9500	

CR2E034 (7/03)

REINSTATEMENT 03

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