

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**

2004 SEP 10 P 1:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. **DOCUMENT #** L99000008874

Name and Mailing Address

0002669 01 AT 0.292 \*\*AUTO T3 0 0615 32701-784925



RIVERCODE, LLC  
498 PALM SPRINGS DRIVE,  
SUITE 100  
ALTAMONTE SPRINGS FL 32701-7849



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Quantified To Do Business in Florida 12/10/1999	
Principal Place of Business 498 PALM SPRINGS DRIVE, SUITE 100 ALTAMONTE SPRINGS FL 32701	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3615580	Applied For Not Applicable
8. Name and Address of Current Registered Agent  CHRIS, BARTLETT 498 PALM SPRINGS DRIVE, SUITE 100 ALTAMONTE SPRINGS FL 32701		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 <u>SIGNATURE REQUIRED</u> Date <u>8/15/04</u> 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	BARTLETT, CHRIS	498 PALM SPRINGS DRIVE, SUITE 100	ALTAMONTE SPRINGS FL 32701
<p>200040970182 09/10/04--01068--002 **200.00</p> <p>AL</p> <p>REINSTATEMENT 03-04</p>			

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 REQUIRED Date 8/15/04 Daytime Phone # 212 233 6111

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)