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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
SECRETARY OF STATE
DIVISION OF CORPORATION
05 FEB 24 AM 9:29

1. DOCUMENT # L99000009194

Name and Mailing Address

0017648 01 FP 0.352 **PRSR T4 0 0615 33701

NARTHEX, L.L.C.
C/O CPA 25 SECOND ST., NO. #210
ST. PETERSBURG FL 33701



2. New Mailing Address C/O CPA 475 CENTRAL AVE. STE 403		4. State/Country of Formation FL	
City, State, Zip ST PETERSBURG FL 33701		5. Date Organized or Qualified To Do Business in Florida 12/27/1999	
Principal Place of Business 700 MONTEREY BOULEVARD NE SAINT PETERSBURG FL 33704	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 14-3562872	Applied For Not Applicable
8. Name and Address of Current Registered Agent KEVIN J. HIRSCH 666 6TH STREET SO. ST. PETERSBURG FL 33701		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 _____ Date _____ 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
MEM	HIRSCH, LINDA	700 MONTEREY BLVD., NE	ST. PETERSBURG FL 33704
MEM	HIRSCH, KEVIN J	700 MONTEREY BOULEVARD NE	SAINT PETERSBURG FL 33704
MGRM	HIRSCH, LINDA	700 MONTEREY BLVD NE	ST PETERSBURG FL 33704
MGRM	HIRSCH, KEVIN J.	700 MONTEREY BLVD NE	ST PETERSBURG FL 33704
		200047585852 03/02/05--01055--003 **250.00	

CR2E084 (7/03)

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

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

KEVIN J. HIRSCH