

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 OCT 27 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. **DOCUMENT #** M00000000231

Name and Mailing Address

0015495 01 MB 0,309 **AUTO T7 0 0615 14127-242121

WEKIVA WOODS EQUITY ENTERPRISES, L.C.
4221 N. BUFFALO ST.
ORCHARD PARK NY 14127-2421



2. New Mailing Address		4. State/Country of Formation OK	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 02/04/2000	
Principal Place of Business 950 MONTGOMERY RD. ALTAMONTE SPRINGS FL 32714	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 73-1450487	Applied For Not Applicable
8. Name and Address of Current Registered Agent GAUOCH, WILLIAM T 950 MONTGOMERY RD. ALTAMONTE SPRINGS FL 32711-4		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)	
		700024166037 10/27/03--01056--018 **150.00 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		SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN	
Date			
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	GACIOCH, WILLIAM T	4221 N BUFFALO ST	ORCHARD PARK NY 14127
MGRM	HANNON, KATHERINE	4221 N. BUFFALO ST.	ORCHARD PARK NY 14127
MGRM	GACIOCH, MICHAEL T	4221 N BUFFALO ST	ORCHARD PARK NY 14127
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

SIGNATURE REQUIRED

Date

10/21/03

Daytime Phone #

716 662-0800

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)