

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 CORPORATIONS

03 DEC 31 PM 5:56

1. DOCUMENT # M00000000468

Name and Mailing Address

0015293 01.MB 0.309 \*\*AUTO T7 0 0615 06824-072828



BREEN & ASSOCIATES, LLC

45 SHERMAN ST

~~PO BOX 728~~

FAIRFIELD CT 06824-0728



2. New Mailing Address		4. State/Country of Formation CT	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 03/10/2000	
Principal Place of Business 45 SHERMAN ST <del>PO BOX 728</del> FAIRFIELD CT 06400	3. New Principal Place of Business Address 45 SHERMAN STREET City, State, Zip FAIRFIELD CT 06824	6. FEI Number 06-1423369	Applied For Not Applicable
8. Name and Address of Current Registered Agent ROGERS, BARBARA 345 DESOTO PARKWAY SATELLITE BEACH FL 32937		7. CERTIFICATE OF STATUS DESIRED <input checked="" 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)		500025907485	
		12/31/03--01071--021 **155.00	
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 <i>Barbara Rogers</i>		SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN Date 12/26/03	
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	BREEN, WILLIAM P	45 SHERMAN STREET	FAIRFIELD CT <del>06400</del> 06824
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 <i>William P. Breen</i>		SIGNATURE REQUIRED Date 12/19/03 Daytime Phone # 203.319.9388	
Typed or printed name of signing Managing Member/Manager			

CR2E034 (7/03)

REINSTATEMENT

03 Dec  
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