

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



M00000001447 FILED

02 NOV -5 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M00000001447

Name and Mailing Address

0006763 01 FP 0.352 **PRST T1 0 0615 07001-204510



SUTTLES PANAMA CITY REAL PROPERTY HOLDINGS, L.L.C.
210 ESSEX AVENUE EAST
AVENEL NJ 07001-2045

400008814214
11/05/02--01108--011 **150.00



10/4/02

2. New Mailing Address City, State, Zip		4. State/Country of Formation NJ	
Principal Place of Business 210 ESSEX AVENUE EAST AVENEL NJ 07001		5. Date Organized or Qualified To Do Business in Florida 07/25/2000	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 22-3694257	
		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 HENDRIX, CLIFF 1827 TRANSMITTER RD PANAMA CITY FL 32404		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>CLIFF HENDRIX</u> 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	DANA BEACHIDE SYSTEM, INC.	210 ESSEX AVENUE EAST	AVENEL NJ 07001
MEM	DANA, RONALD B	CONDO MAR DE ISLA VERDE 7185 CARR 187 #46	CAROLINA PR 00978
MEM	DANA LEASING SYSTEM, INC.	210 ESSEX AVE EAST	AVENEL, NJ 07001
REINSTATEMENT 2002			
MK			

CR2E084 (8/02)

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 RONALD B. DANA Date _____ Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager