

Tear Here ▲

▲ Tear Here

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

700000001467

FILED

03 MAY 14 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M00000001467

Name and Mailing Address

0007924 01 FP 0.352 **PRSR T4 0 0615 43230-660950

DWR PROPERTIES LIMITED LIABILITY COMPANY

850 SCIENCE BOULEVARD
COLUMBUS OH 43230-6609

2. New Mailing Address City, State, Zip		4. State/Country of Formation OH	
Principal Place of Business 850 SCIENCE BOULEVARD COLUMBUS OH 43230		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 31-1463232 Applied For Not Applicable	
8. Name and Address of Current Registered Agent BENNETT, RICHARD K 3033 RIVERA DRIVE, SUITE 201 NAPLES FL 34103		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 <u>Richard K. Bennett</u> Date <u>3/28/03</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
MGR	RAMSEY, DAVID W	643 SYCAMORE MILLS DRIVE	GAHANNA OH 43230
			200018937992 05/14/03--01030--020 **200.00
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 <u>David W. Ramsey</u>		Date <u>3.10.03</u> Daytime Phone #	
Typed or printed name of signing Managing Member/Manager			

CR2E084 (8/02)