

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 NOV -3 AM 8:00

SECRETARY OF STATE
800024-3719-4118
11/03/03--01057--018 **150.00

1. DOCUMENT # M00000001508

Name and Mailing Address

0001252 01 AT 0.292 **AUTO T7 1 0615 32114-331054



MARCH/HODGE/THIGPEN DAYTONA, LLC
354 N. BEACH STREET
DAYTONA BEACH FL 32114-3310



US

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
DE

5. Date Organized or Qualified
To Do Business in Florida 08/01/2000

Principal Place of Business
320-326 NORTH BEACH ST.
DAYTONA BEACH FL 32114
US

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
58-2560677

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Barbara A. Burke
SIGNATURE REQUIRED

BABARA A. BURKE

SPECIAL ASSISTANT SECRETARY

103003

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	HODGE, ERNEST	7134 JONESBORO RD.	MORROW GA 30260
MGR	MARCH, ANTHONY	77 LEIBERT RD.	HARTFORD CT 06120
VP	THIGPEN, ROBERT	354 N. BEACH STREET	DAYTONA BEACH FL 32114
ST	MCKNIGHT, EDIE C	354 N. BEACH STREET	DAYTONA BEACH FL 32114

REINSTATEMENT

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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

Edie McKnight
SIGNATURE REQUIRED

Date

10/27/03

Daytime Phone #

386-252-3755

Typed or printed name of signing Managing Member/Manager

Edie McKnight

CR2E084 (7/03)