

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 28 PM 5:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. **DOCUMENT #** M01000001664

Name and Mailing Address

0002359 01 AT 0.292 **AUTO T1 0 0615 32506-611218



M & J'S PERSONAL SELECTION LLC
9718 WEST HIGHWAY 98
PENSACOLA FL 32506-6112

MJM



10/28 2003

2. New Mailing Address City, State, Zip		4. State/Country of Formation AL	
Principal Place of Business 9718 WEST HIGHWAY 98 PENSACOLA FL 32506		5. Date Organized or Qualified To Do Business in Florida 07/25/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number NOT APPLICABLE	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E034 (7/03)

8. Name and Address of Current Registered Agent ASHER, MICHAEL W C/O MILLER'S SELF STORAGE 9718 WEST HIGHWAY 98, UNIT A-61 PENSACOLA FL 32506		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *W. Michael Asher*
REGISTERED AGENT MUST SIGN

Date 10-23-03

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	MANTIPLY, MARY BETH	P.O. BOX 882	MONTROSE AL 38559
MGR	ASHER, MICHAEL W	9516 NEUMANN DRIVE	ELBERTA AL 38530
MGR	ASHER, JANET B	9516 NEUMANN DRIVE	ELBERTA AL 38530
			100024185551 10/28/03--01008--015 **150.00
			REINSTATEMENT 2003

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

Janet B. Asher

Date 10-23-03

Daytime Phone (251) 987-5660

Typed or printed name of signing Managing Member/Manager

JANET B. ASHER