

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

2003 NOV 12 PM 2:05

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # M01000002168

Name and Mailing Address

0016874 01 MB 0.309 \*\*AUTO T1 0 0615 89501-194650



KARATS, LLC  
50 W. LIBERTY STREET, STE 650  
RENO NV 89501-1946



2. New Mailing Address <b>2535 Success Drive</b>		4. State/Country of Formation <b>NV</b>	
City, State, Zip <b>Odessa, FL 33556</b>		5. Date Organized or Qualified To Do Business in Florida <b>09/18/2001</b>	
Principal Place of Business <b>50 W. LIBERTY STREET, STE 650 RENO NV 89501</b>	3. New Principal Place of Business Address City, State, Zip		6. FEI Number <b>88-0506741</b>
		Applied For <input type="checkbox"/> Not Applicable	
		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 <b>STAPLES III, JOHNSTON R 3600 COMMERCE BLVD KISSIMMEE FL 34741</b>		9. Name and Address of New Registered Agent Name <b>Richard W. Baker</b> Street Address (P.O. Box Number is Not Acceptable) <b>2535 Success Drive</b> City <b>Odessa, FL</b> Zip Code <b>33556</b>	
---	--	---	--

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 **R. W. Baker** **SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date **11/7/2003**

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
MGRM	BAKER, RICHARD W	2535 SUCCESS DRIVE	ODESSA FL
MGRM	SPEER, ROY M	2535 SUCCESS DRIVE	ODESSA FL

300024617309  
11/12/03--01084--010 \*\*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 **R. W. Baker** **SIGNATURE REQUIRED** Date **11/3/03** Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)