

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 27 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
000024179820
10/27/03--01122--014 **150.00

1. DOCUMENT # M01000002421

Name and Mailing Address

0016244 01 MB 0.309 **AUTO TO 0 0615 44024-944850
FOX POINTE PROPERTIES, LTD. CO.
11850 MAYFIELD ROAD
CHARDON OH 44024-9448



2. New Mailing Address		4. State/Country of Formation OH	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/26/2001	
Principal Place of Business 11850 MAYFIELD ROAD CHARDON OH 44024	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 34-1959447	Applied For 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 MACKAY, DAVID L 2801 SOUTHWEST COLLEGE ROAD, SUITE #9 OCALA FL 34474	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 *[Signature]* **SIGNATURE REQUIRED** Date 10-21-03
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
MGRM	ONORATO, RICHARD	11850 MAYFIELD ROAD	CHARDON OH 44024
MGRM	FINMORE, VICTOR	11850 MAYFIELD ROAD	CHARDON OH 44024
MGRM	<i>LEFT COMPANY</i>		
MGRM	LAWROSKI, GREG	11850 MAYFIELD ROAD	CHARDON OH 44024
REINSTATEMENT <i>03</i> <i>dec</i>			

12. I certify that I am managing member/manager of the above 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 *[Signature]* **SIGNATURE REQUIRED** Date 10-21-03 Daytime Phone # 440-286-1333
Typed or printed name of signing Managing Member/Manager