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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

M01000002615



FLORIDA DEPARTMENT OF STATE
Division of Corporations

03 APR 30 PM 12:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # M01000002615

Name and Mailing Address

0008340 01 FP 0.352 **PRSR T5 0 0615 80203-435225



HOOSIER COFFEE, LLC
C/O SEMLER & ASSOCIATES
1775 SHERMAN ST SUITE 2550
DENVER CO 80203-4352



4/30 2002-2003

2. New Mailing Address 19046 Bruce B. Downs Blvd #157		4. State/Country of Formation CO	
City, State, Zip Tampa FL 33647		5. Date Organized or Qualified To Do Business in Florida 11/15/2001	
Principal Place of Business C/O SEMLER & ASSOCIATES 1775 SHERMAN ST SUITE 2550 DENVER CO 80203		6. FEI Number 75-2974592 APPLIED FOR	
3. New Principal Place of Business Address 19046 Bruce B. Downs Blvd		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
City, State, Zip Tampa FL 33647		Applied For Not Applicable	
8. Name and Address of Current Registered Agent HONEYMAN, ALAN 19046 BRUCE B DOWNES BLVD TAMPA FL 33647		9. Name and Address of New Registered Agent Name Mark Van Tines Street Address (P.O. Box Number is Not Acceptable) 19046 Bruce B. Downs Blvd #157 City Tampa FL Zip Code 33647	
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 Mark C. Van Tines Date 4/22/03 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
MGR	SEMLER, R. PARKER	1775 SHERMAN ST SUITE 2550	DENVER CO 80203
MGR	MARK A. VAN TINES	19046 Bruce B. Downs Blvd #157	Tampa FL 33647
600017548156 01/30/03-01028-009 **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 **Mark C. Van Tines** Date **4/22/03** Daytime Phone # **813.363.4482**

Typed or printed name of signing Managing Member/Manager **MARK A. VAN TINES**

CR2E084 (8/02)