

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

04 JAN 30 PM 2:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. **DOCUMENT #** M02000000219

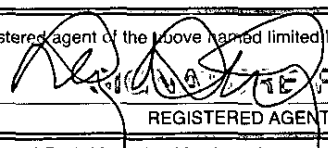
Name and Mailing Address

0015320 01 MB 0.309 **AUTO T7 0 0615 07040-173503



A.C. SONDHI AND ASSOCIATES, L.L.C.
403 ELMWOOD AVENUE
MAPLEWOOD NJ 07040-1735



2. New Mailing Address City, State, Zip		4. State/Country of Formation NJ	
Principal Place of Business 604C FAIRMONT AVE. SAFETY HARBOR FL 34695		5. Date Organized or Qualified To Do Business in Florida 01/25/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 22-3356208 Applied For Not Applicable	
8. Name and Address of Current Registered Agent DILLAHUNTY, LARRY L 248 FIRST AVENUE NORTH ST PETERSBURG FL 33701		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
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  REGISTERED AGENT MUST SIGN		9. Name and Address of New Registered Agent Name DILLAHUNTY, LARRY L. Street Address (P.O. Box Number is Not Acceptable) 954 FIRST AVE. NO. City ST. PETERSBURG FL Zip Code 33705	
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	SONDHI, ASHWINPAUL	403 ELMWOOD AVENUE	MAPLEWOOD NJ
		900027981499 01/30/04--01063--035 **200.00	
		REINSTATEMENT 03-04 dec	

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

SIGNATURE REQUIRED 

Date

1/15/2004

Daytime Phone #

973-762-2884

Typed or printed name of signing Managing Member/Manager

CR2EQ34 (7/03)