## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

1. DOCUMENT #

M02000001011

Name and Mailing Address

SECRETARY OF STATE TALLAHASSEE FLORIDA

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FILED

0015907 01 MB 0.309 \*\*AUTO T9 0 0615 30350-440875 મના ના માના માત્ર માત્ર કરવા છે. આ માત્ર HOTTIES, LLC 7675 BALL MILL ROAD

ATLANTA GA 30350-4408

2. New Mailing Address 400 West S.R436				State/Country of Formation     DE		
400 West S.R436 Altamonte Springs, FL 32714				5. Date Organized or Qualified To Do Business in Florida 04/18/2002		
7675 BALL MILL ROAD		3. New Principal Place of Business Address 400 West S.R436		6. FEI Number Applied For 01-0599124 Not Applicable		
City, State, Zin Attamoute Springs,			32714	7. CERTIFICATE OF STATUS DESIRED for a Certificate of Status		
	8. Name and Address of Current F	Name and Address of New Registered Agent				
LEXIS DOCUMENT SERVICES INC. 1201 HAYS STREET TALLAHASSEE FL 32301			Str. 13288 (P. Shing/e Geek DV.			
			city Orlando FL 328		32821	
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 Date 10-28-03  REGIST RED AGENT MUST SIGN						
11. Names and Street Addresses of Each Managing Member/Manager						
Title(s)	Name of Managing Members/Managers		et Address of Each ing Member/Manage	er	City / State / Zip	
MGR 	UNGARD, RICHARD	5413 Sh	ingle Creek	L Ds.	Orlando, FC	32821
MGR	CRUTCHFIELD, PAUL	3675 BALL MII	LL ROAD		ATLANTA GA 30350	
MGR	HANCE, KENT	3675 BALL MII	LL ROAD		ATLANTA GA 30350	
MGR	CLEMENT, BILL	3675 BALL MII	LL ROAD		ATLANTA GA 30350	
MGR	DILL, ROBERT	3075 BALL MII	L ROAD	· -g g	ATLANTA GA 30350	īn +3
	REINSTAT	EMENT 200	<u>3</u>	11/14/0	<b>30247014</b> 3 301014007 *	*150.00

Managing Member/Manage

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 receion 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

Date 10-28-03 Daytime Phone # 407-924-3485