

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

2004 JAN -6 PM 1:50

**DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**

1. **DOCUMENT #** M02000001024

Name and Mailing Address

0003738 01 AT 0.292 **AUTO T6 0 0615 32819-431701



OUTDOOR THAT WORKS, LLC
5901 MASTERS BLVD.
ORLANDO FL 32819-4317



2. New Mailing Address		4. State/Country of Formation GA	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/22/2002	
Principal Place of Business 5901 MASTERS BLVD. ORLANDO FL 32819	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 58-2352635	Applied For Not Applicable
8. Name and Address of Current Registered Agent MARVIN, AMY S 5901 MASTERS BLVD. ORLANDO FL 32819		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 <u>[Signature]</u> SIGNATURE REQUIRED Date <u>12/30/03</u> 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	MARVIN, AMY S	5901 MASTERS BLVD.	ORLANDO FL 32819
		600026039796 01/06/04--01003--020 **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 [Signature] **SIGNATURE REQUIRED** Date 12/30/03 Daytime Phone # 407 909-9823

Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)