

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
DIVISION OF CORPORATIONS

M02000001764

03 DEC 26 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M02000001764

Name and Mailing Address

0016781 01 MB 0.309 **AUTO T1 0 0615 78730-286800



DUPONT FAMILY PROPERTIES, LLC
6000 MAURY'S TRAIL
AUTIN TX 78730-2868



2. New Mailing Address 19-NEGUS STREET		4. State/Country of Formation MA	
City, State, Zip WEBSTER, MA 01570		5. Date Organized or Qualified To Do Business in Florida 07/05/2002	
Principal Place of Business 6000 MAURY'S TRAIL AUTIN TX 78730	3. New Principal Place of Business Address 19 NEGUS STREET City, State, Zip WEBSTER, MA 01570	6. FEI Number NOT APPLICABLE	Applied For Not Applicable
8. Name and Address of Current Registered Agent DRIFTWOOD ON THE OCEAN 2101 SOUTH SURF ROAD HOLLYWOOD FL 3319		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>Richard E. Dupont</u> REQUIRED Date <u>12/6/03</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
MGR	DUPONT, RICHARD	6000 MAURY'S TRAIL	AUTIN TX 78730
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REINSTATEMENT 03			
ALL			

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

Richard E. Dupont

Date 12/5/03 Daytime Phone # 512-302-1500

Typed or printed name of signing Managing Member/Manager Richard E. Dupont