

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

03 NOV -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. **DOCUMENT #** M02000002333

Name and Mailing Address

0016221 01 MB 0.309 **AUTO TO 0 0615 43017-215295

ROBINWOOD CORPORATE CENTER, LLC
3895 STONERIDGE LANE
DUBLIN OH 43017-2152



2. New Mailing Address		4. State/Country of Formation OH	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/06/2002	
Principal Place of Business 3895 STONERIDGE LANE DUBLIN OH 43017	3. New Principal Place of Business Address	6. FEI Number 31-1756629	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent ROETZEL & ANDRESS, L.P.A. 850 PARK SHORE DRIVE, 3RD FL NAPLES FL 34103	9. Name and Address of New Registered Agent Name Roetzel & Andress LPA Street Address (P.O. Box Number is Not Acceptable) 2320 First Street, Suite 1000 City Fort Myers FL Zip Code 33901
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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

[Signature] **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date 10/30/03

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	SABATINO, P. RONALD	3895 STONERIDGE LANE	DUBLIN OH 43017

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11/03/03--01057--010 **150.00

REINSTATEMENT

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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] **SIGNATURE REQUIRED**

Date

11/27/03

Daytime Phone #

(614) 923-4000

Typed or printed name of signing Managing Member/Manager