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 #

Name and Mailing Address

Signature of

Managing Member/Manag

Typed or printed name of sign

M02000002400

0016196 01 MB 0,309 ••AUTO T9 0 0615 39180-391733

Inilialia Illia Illia

FILED 03 0CT 28 PH 5: 14

SECRETARY OF STATE TALLAHASSEE FLORIDA

Date 10-17-03 Daytime Phone # 601-661-607

Stradinger

HLM

200024203782 10/28/03--01042--002 **150.00

2m3

					<u> </u>	
2. New Mailing Address 1311 Washington St Po Box 909				4. State/Courliry of Formation MS		
Vicksburg MS 391815-0909				5. Date Organized or Quantied To Do Business in Florida	(09/12/2002
Principal Place of Business 1333 CHAMBERS STREET VICKSBURG MS 39180		3. New Principal Place of Busines 1211 Washington City, State, Zip Vicksburg MS	S+	6. FEI Number APPLIED FOR 7. CERTIFICATE OF STATUS DESIRED	\$5.00 for a	Applied For Not Applicable Additional Fee required a Certificate of Status
8. Name and Address of Current Registered Agent			Name and Address of New Registered Agent			
FRANKLIN H. WATSON, P.A. 5365 EAST COUNTY HIGHWAY 98, SUITE 105 SEAGROVE BEACH FL 32459			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 PEQUIRED Date 10 - 20 - 03 REGISTERED AGENT MUST SIGN						
11. Names and Street Addresses of Each Managing Member/Manager						
Title(s)			et Address of Each ging Member/Manag	City / State / Zip		
MGR	STRADINGER, JOSEPH B 1333 CHAMBER		RS STREET	VICKSBURG MS 39180		
MGR	STRADINGER, CATHERINE H	1333 CHAMBEI	R\$ STREET	VICKSBURG MS 39180		
!			<u> </u>	ENSTATEM		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 filling this reinstatement application he 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.						