


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 OCT 28 PM 5:15  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. DOCUMENT # M02000002666

Name and Mailing Address

0016263 01.MB 0.309 \*\*AUTO TO D 0615 44136-500799



R. WALSH & V. WALSH, LTD. CO.  
14532 PEARL RD., #102  
STRONGSVILLE OH 44136-5007

**MJH**



10/28 2003

2. New Mailing Address		4. State/Country of Formation OH	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/09/2002	
Principal Place of Business 14532 PEARL RD., #102 STRONGSVILLE OH 44136	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 34-1311684	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E084 (7/03)

8. Name and Address of Current Registered Agent WALSH, ROBERT D 10486 RED COACH STREET SPRING HILL FL 34608	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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**

Date 10/20/03

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	WALSH, ROBERT D	19565 APPLEBROOK CIRCLE	STRONGSVILLE OH 44136
100024184151 10/28/03--01007--007 **150.00			
<b>REINSTATEMENT 2003</b>			

12. I certify that I am managing member/manager or the registered agent 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 10/20/03

Daytime Phone # 572-0866

Typed or printed name of signing Managing Member/Manager

ROBERT A WALSH