

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
M95000000069

FILED

1. DOCUMENT # M95000000069

Name and Mailing Address

02 OCT 30 PM 2: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0003968 01 FP 0.352 **PRSR T2 0 0615 33410-488199



CYCLO INDUSTRIES, LLC, L.C.
10190 RIVERSIDE DRIVE
PALM BEACH GARDENS FL 33410-4881



CR2E084 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation IN	
3. New Principal Place of Business Address Principal Place of Business 10190 RIVERSIDE DRIVE PALM BEACH GARDENS FL 33410 City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 03/27/1995	
8. Name and Address of Current Registered Agent SLAVIN, MICHAEL A 4440 PGA BLVD., STE 402 PALM BEACH GARDENS FL 33410		6. FEI Number 35-1945374 7. CERTIFICATE OF STATUS DESIRED <input checked="" 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>MICHAEL A. SLAVIN</u> Date <u>10/24/02</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	GARY L. OUELLETTE	10190 RIVERSIDE DRIVE	PALM BEACH GARDENS FL 33410
			100008643211 10/29/02--01025--007 **155.00
			AL1
			REINSTATEMENT 2002

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] Date _____ Daytime Phone # _____

Typed or printed name of signing Member/Manager