

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

04 APR 22 AM 7:42

OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJH

1. DOCUMENT # M95000000283

Name and Mailing Address

0011084 01 AT 0.292 **AUTO TO 0 0615 34243-615354



CONSULTATION & MEDIATION SERVICES, L.L.C.
5899 WHITFIELD AVE. #204
SARASOTA FL 34243-6153

400033554154
04/22/04--01037--002 **205.00



4/22

2. New Mailing Address 8437 TUTTLE AVE., #337 City, State, Zip: SARASOTA, FL 34243		4. State/Country of Formation DE	
Principal Place of Business 5899 WHITFIELD AVE. #204 SARASOTA FL 34243		5. Date Organized or Qualified To Do Business in Florida 09/26/1995	
3. New Principal Place of Business Address 4836 TIVOLI AVE. City, State, Zip: SARASOTA, FL 34235		6. FEI Number 59-3327373 Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent WRIGHT, MARK N 5899 WHITFIELD AVE. #204 SARASOTA FL 34243		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8437 TUTTLE AVE., #337 SARASOTA City: SARASOTA FL Zip Code: 34243	
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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: MARK N. WRIGHT **REGISTERED AGENT REQUIRED** Date: 4/19/04
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	WRIGHT, MARK N	5899 WHITFIELD AVE. #204 8437 TUTTLE AVE., #337	SARASOTA FL 34243

2003-
REINSTATEMENT 2004

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: MARK N. WRIGHT **REGISTERED AGENT REQUIRED** Date: 4/19/04 Daytime Phone #
Typed or printed name of signing Managing Member/Manager: MARK N. WRIGHT