

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

2002 NOV -6 AM 11:46

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # M9600000128

Name and Mailing Address

0010083 01 FP 0.352 **PRSRT H6 0 0615 33483-457099
LINEBERGER & CO., L.L.C.
140 N.E. 4TH AVE.
DELRAY BEACH FL 33483-4570

800008818158
11/06/02--01027--017 **150.00



2. New Mailing Address 725 Palm Trail		4. State/Country of Formation CT	
City, State, Zip Delray Beach, FL 33483		5. Date Organized or Qualified To Do Business in Florida 04/17/1996	
Principal Place of Business 140 N.E. 4TH AVE. DELRAY BEACH FL 33483	3. New Principal Place of Business Address 272 North 20th St. City, State, Zip Jacksonville Beach, FL 32250	6. FEI Number 22-2865357	Applied For Not Applicable
8. Name and Address of Current Registered Agent LINEBERGER, JAMES E 725 PALM TRAIL DELRAY BEACH FL 33444		7. CERTIFICATE OF STATUS DESIRED <input 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	
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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 _____ Date _____
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	LINEBERGER, JAMES E	725 PALM TRAIL	DELRAY BEACH FL 33444
MGRM	LINEBERGER, JAMES E JR	76 RELIHAN RD	DARIEN CT 06820

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 _____ Date 10/29/02 Daytime Phone # _____
Typed or printed name of signing Managing Member/Manager James E. Lineberger Jr.

CR2E084 (8/02)