

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

02 DEC 23 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT
L01000011958

1. DOCUMENT # L01000011958

Name and Mailing Address

0008621 01 FP 0.352 **PRVRT H7 0 0615 33139-142527
30 NE 14 ST., LLC
1827 SUNSET HARBOUR DR
MIAMI BEACH FL 33139-1425

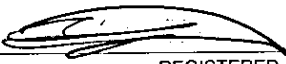
900009647689
12/23/02--01113--001 **150.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/20/2001	
Principal Place of Business 1827 SUNSET HARBOUR DR MIAMI BEACH FL 33139	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-1125778	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent MORR, JEFF O 1827 SUNSET HARBOUR DR MIAMI BEACH FL 33139	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  Date 11/20/02

REGISTERED AGENT MUST SIGN

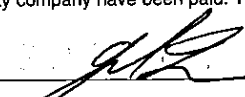
11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Sec.	GIL TEREM	757 NE 77 TER.	MIAMI FL. 33138

REINSTATEMENT 2002

TB

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 11/8/02 Daytime Phone # 305-8045793

CR2E084 (8/02)