

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000015025

FILED

02 NOV 25 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000015025

Name and Mailing Address

0000176 01 FP 0,352 \*\*PRSRT T1 0 0615 33131-297451

MEDUSA GROUP HOLDINGS, LLC  
800 BRICKELL AVE., STE. 201  
MIAMI FL 33131-2974

700009209607  
11/25/02--01089--004 \*\*150.00



CR2E084 (8/02)

2. New Mailing Address 27 East DiLido Drive City, State, Zip Miami Beach, FL 33139		4. State/Country of Formation FL	
Principal Place of Business 800 BRICKELL AVE., STE. 201 MIAMI FL 33131		5. Date Organized or Qualified To Do Business in Florida 09/04/2001	
3. New Principal Place of Business Address 27 East DiLido Drive City, State, Zip Miami Beach, FL 33139		6. FEI Number 37-1448921	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 RAZOOK, RICHARD J 800 BRICKELL AVE., STE. 201 MIAMI FL 33131		9. Name and Address of New Registered Agent Name Jeffrey Watkin, Esq. Street Address (P.O. Box Number is Not Acceptable) 200 S. Biscayne Boulevard Suite 2500 City Miami FL Zip Code 33131	
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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 *Jeffrey Watkin* 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	Seikaly, Rony	27 East DiLido Drive	Miami Beach, FL 33139
<b>REINSTATEMENT 2002</b>			
<i>12/2</i>			

12. I certify that I am an authorized representative of 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 *Jeffrey Watkin* Date \_\_\_\_\_ Daytime Phone # 305-556-1488

Typed or printed name of signing Managing Member/Manager Jeffrey Watkin, Authorized Representative