

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

L01000016282

FILED
02 DEC 30 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000016282
Name and Mailing Address

0001346 01 FP 0.352 **PRSRT T5 0 0615 33030-458199
100 NORTHEAST 15 STREET LLC
100 NE 15 STREET
SUITE #212
HOMESTEAD FL 33030-4581
US



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 100 NE 15 STREET SUITE #212 HOMESTEAD FL 33030 US		5. Date Organized or Qualified To Do Business in Florida 09/24/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number <input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent BASS, ADAM J 100 NE 15 STREET SUITE # 201 HOMESTEAD FL 33030		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	
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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: *[Signature]* Date: 12/20/2002
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
	ADAM BASS MGR	100 NE 15 Street, Suite # 201	HOMESTEAD, FL 33030

600009746386
12/30/02--01100--002 **155.00

REINSTATEMENT *[Signature]*

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: 12/20/02 Daytime Phone #: (305) 495-6319
Typed or printed name of signing Managing Member/Manager

CF2E084 (8/02)