

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF THE STATE OF FLORIDA
 LIBERTY CITY DEVELOPMENT ASSOCIATES, LLC
 8700 N.W. 5TH AVE.
 MIAMI FL 33150-2407

1. DOCUMENT # L01000021029
 Name and Mailing Address

FILED
 02 NOV 27 8:38
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

0002339 01 FP 0.352 **PRSR TB 0 0615 33150-240700
 LIBERTY CITY DEVELOPMENT ASSOCIATES, LLC
 8700 N.W. 5TH AVE.
 MIAMI FL 33150-2407



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 8700 N.W. 5TH AVE. MIAMI FL 33150		5. Date Organized or Qualified To Do Business in Florida 12/06/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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 WASHINGTON, LYNN C 701 BRICKELL AVE., STE. 3000 MIAMI FL 33131		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 300009239273 11/27/02--01049--005 **150.00 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 LYNN C. WASHINGTON /s/ 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	FAIR, TALMADGE W	8700 N.W. 25TH AVE.	MIAMI FL 33150

REINSTATEMENT 2002
 MK

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 11/21/02 Daytime Phone #

CFR2E084 (8/02)