

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
L01000021724  
DIVISION OF CORPORATIONS

FILED

03 JUL -7 AM 8:30

1. DOCUMENT # L01000021724

Name and Mailing Address

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0001730 01 FP 0.352 \*\*PRSR T6 0 0615 33126-206570



KINGS CREEK PROPERTIES, LLC  
5201 BLUE LAGOON DRIVE  
SUITE 270  
MIAMI FL 33126-2065



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 5201 BLUE LAGOON DRIVE SUITE 270 MIAMI FL 33126		5. Date Organized or Qualified To Do Business in Florida 12/14/2001	
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 CORPCO, INC. 2699 SOUTH BAYSHORE DRIVE SEVENTH FLOOR MIAMI FL 33133		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: 7-1-03  
REGISTERED AGENT MUST SIGN

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	CUSCO, EDUARDO	5201 BLUE LAGOON DRIVE	MIAMI FL 33128
			200021338722 07/07/03--01028--005 **200.00
REINSTATEMENT <i>0203</i> <i>des</i>			

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: 06/29/03 Daytime Phone #: (305) 260-7577

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)