

▲ Tear Here ▲

▲ Tear Here ▲

▲ Tear Here ▲

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 19 PM 5:29

1. DOCUMENT # L02000019153

Name and Mailing Address

0012279 01 AT 0.292 **AUTO T5 0 0615 33433-795900



10530 SANDALFOOT BLVD., LLC
23000 FLORALWOOD LANE
BOCA RATON FL 33433-7959



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/29/2002	
Principal Place of Business 23000 FLORALWOOD LANE BOCA RATON FL 33433-7959	3. New Principal Place of Business Address	6. FEI Number 13-4205856	Applied For Not Applicable
City, State, Zip		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 SINGER, BERNARD A ESQ. 3107 STIRLING ROAD, SUITE 105 FORT LAUDERDALE FL 33312		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 Bernard A. Singer Esq. **SIGNATURE REQUIRED** Date Dec. 16 2004
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.	DENNIS P. GRENIER	23000 FLORALWOOD LANE Box	33433-7955 BOCA RATON, FL
			700025629357 12/19/03--01025--005 **150.00

REINSTATEMENT 03 Dec

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 Dennis P. Grenier **SIGNATURE REQUIRED** Date 12-16-04 Daytime Phone # 561-756-4238

Typed or printed name of signing Managing Member/Manager _____

CR2E(84 (7/03)