

**L02000021492** FILED JUN - 8 AM 9:22  
 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**  
 FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT #**  
 1. Limited Liability Company's Name  
 111 North M, L.L.C.  
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2. Principal Office Address 1050 S. Federal Hwy.		3. Mailing Office Address 1050 S. Federal Hwy.	
Suite, Apt. #, etc. 149		Suite, Apt. #, etc. 149	
City & State Delray Beach, FL		City & State Delray Beach, FL	
Zip 33483	Country USA	Zip 33483	Country USA

4. State/Country of Formation Florida / USA	Applied For NOT Applicable
5. Date Organized or Qualified To Do Business in Florida 08/21/2002	
6. FEI Number 78-0715500	
7. CERTIFICATE OF STATUS OBTAINED <input type="checkbox"/>	

8. Name and Address of Current Registered Agent

Name: **Jacob Lions**

Street Address (P.O. Box Number is Not Acceptable): **1050 S. Federal Hwy.**

Suite, Apt. #, Etc.: **Suito 149**

City: **Delray Beach**

State: **FL** Zip Code: **33483**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.

Signature of Registered Agent: *Jacob Lions* Date: **05/28/2004**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGM	JACOB LIONS	1050 S. FEDERAL HWY. STE. 149	DELRAY BEACH, FL 33483
MGM			

REINSTATEMENT 2003-2004  
 BXC

11. I certify that I am managing member/manager of the receiver or trustee empowered to execute this application as provided for in Chapter 606, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company meets the requirements of Section 606.04, F.S., and that all fees owed by the limited liability company have been paid. The information provided 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: *Jacob Lions* Date: **5-28-04** Daytime Phone #: **561-707-4333**

Type or print name of Managing Member/Manager: **Jacob Lions**

SECRET 1/2003