

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L02000034057

FILED

03 OCT 15 AM 8:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **L02000034057**

1. Limited Liability Company's Name

FURST FAMILY INVESTMENTS LLC

2. Principal Office Address

3. Mailing Office Address *c/o*

% FURST FLORIDA ASSET MGT LLC

FURST FLORIDA ASSET MGT LLC

Suite, Apt. #, etc. **6542 HYPOLEX RD**

Suite, Apt. #, etc. **6542 HYPOLEX RD**

#284

#284

City & State

City & State

LAKE WORTH FL

LAKE WORTH FL

Zip **33437**

Country

Zip **33437**

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

12/18/02

6. FEI Number

81-0586409

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$500 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CAPOTE BEATRIZ M ESQ

O. Box Number (is Not Acceptable)

700023831597

Street Address (P.O. Box Number is Not Acceptable)

799 BRICKELL PLAZA

10/15/03--01084--012 **150.00

Suite, Apt. #, Etc.

SUITE 700

City

MIAMI FL 33131

State

FL

Zip Code

9. 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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date **10-14-03**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<i>MGR</i>	<i>FURSTEIN MARC K</i>	<i>6542 HYPOLEX RD #284</i>	<i>LAKE WORTH FL 33467</i>

REINSTATEMENT 03
dec

11. 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

[Handwritten Signature]

Date **10-14-03**

Daytime Phone # **907-345-0140**

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/01)