

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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DOCUMENT # 194000000059

1. Limited Liability Company's Name

David Mayer, L.C.

2. Principal Office Address
 2002 Grant Street

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33020

Country

USA

3. Mailing Office Address

125 N. 46th Avenue

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33021-6601

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

1/31/94

6. FEI Number

59-1934035

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Bruce M. Gottlieb

Street Address (P.O. Box Number is Not Acceptable)
 125 N. 46th Avenue

MJH

Suite, Apt. #, Etc.

City

Hollywood

State
 FL

Zip Code
 33021-6601

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

Bruce M. Gottlieb
 REGISTERED AGENT MUST SIGN

Date

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 |
|---------------------------|-----------------------------------|--|--|
| MGR | Mayer Ziefer | 2002 Grant Street | Hollywood, FL 33020 |
| MGR | Bruce M. Gottlieb | 125 N. 46th Avenue | Hollywood, FL 33021 |
| | | | 600003051996--5 11/22/99-01139-019 ****155.00 ****155.00 |
| REINSTATEMENT 1999 | | | |

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

Bruce M. Gottlieb

Date

Daytime Phone # 954-966-7900

Typed or printed name of signing Managing Member/Manager

Bruce M. Gottlieb

CPRE041 (9/99)