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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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1/31

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

DOCUMENT # L9500000130

1. Limited Liability Company's Name
L.A.W. CORAL SPRINGS, L.C.

2. Principal Office Address 3530 North 45th Avenue Suite, Apt. #, etc.		3. Mailing Office Address P.O. BOX 8020 Suite, Apt. #, etc.	
City & State Hollywood, FL		City & State Hallandale, FL	
Zip 33021	Country US	Zip 33008-8020	Country US

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 02/16/1995	
6. FEI Number 650566532	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

Name **LAURENCE A. WEISS**

Street Address (P.O. Box Number is Not Acceptable) **3530 NORTH 45 AVENUE**

Suite, Apt. #, Etc.

City **HOLLYWOOD** State **FL** Zip Code **33021**

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 *Laurence A. Weiss* Date **1/28/05**

REGISTERED AGENT MUST SIGN

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
MRG	LAURENCE A. WEISS	3530 North 45 Avenue	Hollywood, FL 33021

2003-
~~REINSTATEMENT~~ 2004-2005

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 608.408, 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 *Laurence A. Weiss* Date **1/28/2005** Daytime Phone # **954-961-1792**

Typed or printed name of signing Managing Member/Manager **Laurence A. Weiss**

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Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

L.A.W. CORAL SPRINGS, L.C.

Certificate of Status	0
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