

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L9800000111

LIMITED LIABILITY COMPANY REINSTATEMENT



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

FILED

00 JAN -3 PM 10:02

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L9800000111

1. Limited Liability Company's Name

97 Palms South C. 3827 W. ATLANTIC AVE DELRAY BEACH, FL. 33445

2. Principal Office Address

3827 W. ATLANTIC AVE DELRAY BEACH, FL. 33445

3. Mailing Office Address

SAME

4. State/Country of Formation

FLORIDA Palm Beach County

5. Date Organized or Qualified To Do Business in Florida

8-17-98

6. FEI Number

Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED

City & State

DELRAY Bch FL.

City & State

Zip

33445

Country

P.B.C.

Zip

33445

Country

P.B.C.

8. Name and Address of Current Registered Agent

Name

ROBERT A. GLYNN

000003096760-8

-01/12/00--01094--011

\*\*\*150.00 \*\*\*150.00

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

3827 W. ATLANTIC AVE

Suite, Apt. #, Etc.

City

DELRAY BEACH

State

FL

Zip Code

33445

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

Robert A. Glynn

REGISTERED AGENT MUST SIGN

Date

11/10/99

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
Pres.	MIKE TULLOCH MGRM	11726 154th Rd North	Jupiter FLA. 33478
Treas	ROBERT GLYNN MGRM	3827 W. ATLANTIC AVE	DELRAY Bch FL. 33445
V.P	PAUL TUFTS MGRM	9357 CALLIANDREA DR.	BOYNTON BEACH, FL. 33436
Sec.	Eddie McCall mgr	3909 MURKICE DR	DELRAY BEACH, FLA 33445
	MATT MAXWELL MGR	7939 MANOR FOREST DR.	BOYNTON Bch, FL. 33462
	VINCE JENNINGS MGR	3827 W. ATLANTIC AVE	DELRAY Bch FL. 33445

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

Robert A. Glynn

Date

11/10/99

Daytime Phone #

561-243-6869

Typed or printed name of signing Managing Member/Manager

ROBERT A. GLYNN