

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L98000001367

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

FILED

99 NOV 18 AM 9:28
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **L98000001367**
 1. Limited Liability Company's Name
MABB, L.L.C.

REINSTATEMENT 99

2. Principal Office Address
2300 W OAKLAND PK BLVD
 Suite, Apt. #, etc.

3. Mailing Office Address
SAME
 Suite, Apt. #, etc.

City & State
FT. LAUDERDALE, FL 33311

Zip Country
33311

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida
2/6/98

6. FEI Number
65-0855092

7. CERTIFICATE OF STATUS DESIRED \$5.00 A fee must be paid for a Certificate of Status.

8. Name and Address of Current Registered Agent

Name
ROBERT FITZGERALD

Street Address (P.O. Box Number is Not Acceptable)
2300 W OAKLAND PK BLVD

Suite, Apt. #, Etc.

City
FT LAUDERDALE

State Zip Code
FL 33311

400003060834-9
~~12/06/99-01001-008~~
 ***150.00 ***150.00

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 *[Signature]* Date **10/27/99**

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
MGR	ROBERT FITZGERALD	2300 W OAKLAND PK BLVD	FT LAUDERDALE FL 33311
MGR	MICHAEL BERCUW	↓	↓
MGR	AL PICCINIUNNI	↓	↓
MGR	BRAD HERTZ	↓	↓
			<i>[Signature]</i>

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 *[Signature]* Date **10/27/99** Daytime Phone # **954 485 4400**

Typed or printed name of signing Managing Member/Manager **ROBERT FITZGERALD**

CR20241 (9/99)