

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenora E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000024379600
11/03/03--01057--021 **150.00

1. **DOCUMENT #** L99000006341
Name and Mailing Address

0010671 01 AT 0.292 **AUTO T9 0 0615 34228-360634
V.M. HAZAN, LLC
1211 GULF OF MEXICO DR.
#109
LONGBOAT KEY FL 34228-3606



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/04/1999	

Principal Place of Business 1211 GULF OF MEXICO DR. #109 LONGBOAT KEY FL 34228		3. New Principal Place of Business Address City, State, Zip		6. FEI Number 22-3678295		Applied For 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 HAZAN, VICTOR 1211 GULF OF MEXICO DR., #109 LONGBOAT KEY FL 34228				9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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10. 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]* **SIGNATURE REQUIRED** Date: 10.30.03
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	HAZAN, VICTOR	1211 GULF OF MEXICO DR., #109	SARASOTA FL 34228
MGR	HAZAN, MARCELLA	1211 GULF OF MEXICO DR., #109	SARASOTA FL 34228

REINSTATEMENT *[Signature]*
[Signature]

12. 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]* **SIGNATURE REQUIRED** Date: 10.30.03 Daytime Phone: (941) 383-7114

Typed or printed name of signing Managing Member/Manager

CR2E094 (7/03)