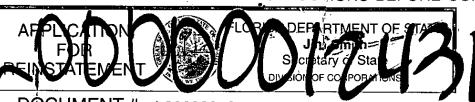
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND AND FILED



02 DEC -9 PM I2: 15

SECRETARY OF STATE TABLISHASSEE, FLORIDA

1. DOCUMENT # L0000012431

Name and Mailing Address

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2. New Mailing Address				4. State/Country of Formation		
1200 N. Federal Highway Suite 200						
BOCA Raton FL 33432				To Do Business in Florida 10/12/2000		
Principal Place of Business 3. New Principal Place of Business Address				6. FEI Number Applied F		Applied For
Principal Place of Business 13.00 New Principal Place of Busines 1515 FEDERAL HWY 1200 N Federal Hu			w#200	65-1051954		Not Applicable
SUITE 240-200 BOCA RATON FL 33432 City, State, Zip BOCARATON FL 33432				7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent		
Name						90.11
FEINGOLD, DAVID J ESQ. 3300 PGA BLVD., STE. 410			Street Address (P.O. Box Number is Not Acceptable)			
			City		FL	Zip Code
		Comment accommendation of the Comment of the Commen				<u> </u>
10. I, being appointed the registered agent of the above named limited liability company, am remiliar with and accept the obligations of Chapter 608, F.S.						
Signature of Registered Agent						
negistereu		EGISTERED AGENT MUST SIGN			Date	
11. Names and Street Addresses of Each Managing Member/Manager						
Name of Managing						
illie(s)			ging Member/Manag		Čity / State	/ Zip
MGRM	ZAUSNER, SEAN	1515 S. FEDERAL HWY SUITI		210 BOCA RATON FL 33432		
i	DUCA HATON PL 33432					" — · · · ·
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		- Lander of Arian			<u></u>	
12. I certify	y that I am managing member/manager on his reinstatement application the reason fo	r the receiver or Justee empowered	to execute this appl	lication as provided	for in chapter 608, F.S. I furt	ther certify that when
all lees	s owed by the limited liability company have nade under oath.	e been paid. The information indicated	on this application	is true and accurate	, and my signature shall have	the same legal effect
Signature of	€ 2 √ 0 m m			1 1 .		
Signature of Managing Member/Manager Date /v/29/(12 Daytime Phone # 800 424 527)						
Typed or printed name of signing Managing Member/Manager						