

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. New Mailing Address City, State, Zip _____		4. State/Country of Formation FL																													
Principal Place of Business 4521 N. OCEAN DRIVE LAUDERDALE-BY-THE-SEA FL 33308		5. Date Organized or Qualified To Do Business in Florida 09/25/2000																													
3. New Principal Place of Business Address _____ City, State, Zip _____		6. FEI Number 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 RAMIREZ, CANDELARIA 4521 N. OCEAN DRIVE LAUDERDALE-BY-THE-SEA FL 33308		9. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____																													
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 _____ Date <u>12/20/02</u> <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>																															
11. Names and Street Addresses of Each Managing Member/Manager <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Title(s)</th> <th style="width: 30%;">Name of Managing Members/Managers</th> <th style="width: 30%;">Street Address of Each Managing Member/Manager</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td>CANELARIA RAMIREZ TRUST</td> <td>4521 N. OCEAN DRIVE</td> <td>LAUDERDALE-BY-THE-SEA FL 33308</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MGRM	CANELARIA RAMIREZ TRUST	4521 N. OCEAN DRIVE	LAUDERDALE-BY-THE-SEA FL 33308																				
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500009209625 12/30/02--01028--006 **150.00 <div style="font-size: 2em; font-weight: bold; text-align: center;">REINSTATEMENT <u>2002</u></div>																															
AL																															
2. 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 _____ Date <u>11/15/02</u> Daytime Phone # <u>954-491-0549</u>																															
Typed or printed name of signing Managing Member/Manager _____																															