

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

FILED

2003 DEC -4 AM 10:21

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

200025202352  
12/04/03--03007--004 \*\*150.00

1. DOCUMENT # L01000004560  
Name and Mailing Address

0006532 01 AT 0.292 \*\*AUTO T5 0 0615 33146-303290  
4 N DEVELOPMENT COMPANY, LLC  
1501 VENERA AVENUE, SUITE 340  
CORAL GABLES FL 33146-3032



CR2E034 (7/03)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 1501 VENERA AVENUE, SUITE 340 CORAL GABLES FL 33146		5. Date Organized or Qualified To Do Business in Florida 03/21/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1101606	
		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 NANNINI, MAURO B 1501 VENERA AVENUE, SUITE 340 CORAL GABLES FL 33146		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 10/24/03  
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
P/ MGRM	NANNINI, MAURO B	1501 VENERA AVE S 340	CORAL GABLES FL 33148

**REINSTATEMENT** 2003

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 10/24/03 Daytime Phone # (305) 899-1000  
Typed or printed name of signing Managing Member/Manager MAURO NANNINI