

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

2003 OCT 23 PM 3:52

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000000254
Name and Mailing Address

0011444 01 AT 0.292 **AUTO T2 3 0615 34786-890106
KAHN INVESTMENT MANAGEMENT, LLC
5506 WORSHAM COURT
WINDERMERE FL 34786-8901



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 5506 WORSHAM COURT WINDERMERE FL 34786		5. Date Organized or Qualified To Do Business in Florida 01/04/2000	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 33-0798372	
		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 KAHN, BRIAN R 5506 WORSHAM COURT WINDERMERE FL 34786		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] Date 10/18/03
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	KAHN, BRIAN R	5506 WORSHAM COURT	WINDERMERE FL 34786
			800024422698 11/04/03--01066--011 **150.00
			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] Date 10/18/03 Daytime Phone # 407 909 8015
Typed or printed name of signing Managing Member/Manager Brian Kahn