

▲ Tear Here ▲

▲ Tear Here ▲

▲ Tear Here ▲

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

03 NOV -3 AM 8:00

1. DOCUMENT # L00000001038

Name and Mailing Address

0007031 01 AT 0,292 **AUTO T7 0 0615 33162-601450



MARMIJON PARTNERS LIMITED L.L.C.
2050 NORTHEAST 151ST STREET
NORTH MIAMI FL 33162-6014

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
11/03/03--01065--007 **150.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 01/28/2000	
Principal Place of Business 2050 NORTHEAST 151ST STREET NORTH MIAMI FL 33162	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-0978071	Applied For Not Applicable
8. Name and Address of Current Registered Agent MARK DORN 4400 HILLCREST DRIVE, #800 HOLLYWOOD FL 33021		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number, is Not Applicable) 12434 N Bayshore Drive City N. MIAMI FL Zip Code 33181			
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 <u>Mark Dorn</u> REGISTERED AGENT MUST SIGN Date <u>10/20/03</u>			
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
PTNR	DORN, MARK	4400 HILLCREST DRIVE, #800 12434 N Bayshore Dr	HOLLYWOOD FL 33021 N. MIAMI, FL. 33181
PTNR	DORN, MICHAEL	300 GARDEN RIDGE ROAD 125 Jericho Lane	HTRAM GA 30141 Fayetteville, GA. 30215
PTNR	DORN, JONATHAN	330 EVANSVILLE ROAD 13875 N. Indian River Dr.	LAKE MARY FL 32748 Cocoa, FL. 32936
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 <u>Mark Dorn</u> REGISTERED AGENT MUST SIGN Date <u>10/20/03</u> Daytime Phone # <u>305-949-0700</u> Typed or printed name of signing Managing Member/Manager <u>MARK DORN</u>			

CR2E034 (7/03)

REINSTATEMENT 03
dec