

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

04 JAN 21 AM 9:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L00000004626
Name and Mailing Address

0012180 01 AT 0.292 **AUTO T5 0 0615 33432-746399

CHARLES E. WALDNER AND MARJORIE W. WALDNER, L.L.C.
1600 S. DIXIE HIGHWAY, SUITE 1C
BOCA RATON FL 33432-7463

MMJW



1/21 2003-2004

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/21/2000	
Principal Place of Business 1600 S. DIXIE HIGHWAY, SUITE 1C BOCA RATON FL 33432	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 09-8146541	Applied For Not Applicable
8. Name and Address of Current Registered Agent WALDNER, CHARLES E 1600 S. DIXIE HIGHWAY, SUITE 1C BOCA RATON FL 33432		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E084 (7/03)

8. Name and Address of Current Registered Agent WALDNER, CHARLES E 1600 S. DIXIE HIGHWAY, SUITE 1C BOCA RATON FL 33432		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 *Charles E. Waldner* SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date _____

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
V	WALDNER, MARGORIE W	1600 S. DIXIE HIGHWAY, SUITE 1C	BOCA RATON FL 33432
200027305032 01/21/04--01007--001 **200.00			
REINSTATEMENT 2003-2004			

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 *Charles E. Waldner* SIGNATURE REQUIRED

Date 1/12/04 Daytime Phone # 888 288 0085

Typed or printed name of signing Managing Member/Manager