

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Jill Smith  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

03 APR -8 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000004855

Name and Mailing Address

0002003 01 FP 0.352 \*\*PSRT T7 0 0615 33137-305675



SKLAR HOLDINGS, LLC

5275 NE 5TH AVE.

MIAMI BEACH FL 33137-3056

REINSTATEMENT



2002-  
2003

<b>2. New Mailing Address</b> City, State, Zip		<b>4. State/Country of Formation</b> FL	
<b>Principal Place of Business</b> 5275 NE 5TH AVE. MIAMI BEACH FL 33137		<b>5. Date Organized or Qualified To Do Business in Florida</b> 04/27/2000	
<b>3. New Principal Place of Business Address</b> City, State, Zip		<b>6. FEI Number</b> 65-1003922	
		<b>Applied For</b> Not Applicable	
		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
<b>8. Name and Address of Current Registered Agent</b> SKLAR, RICHARD 5275 NE 5TH AVE. MIAMI BEACH FL 33137		<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<b>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.</b> Signature of Registered Agent  Date <b>4-4-03</b> REGISTERED AGENT MUST SIGN			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	SKLAR, RICHARD	5275 NE 5TH AVE.	MIAMI BEACH FL 33137

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

Date

4-4-03

Daytime Phone #

305 754 7595

Typed or printed name of signing Managing Member/Manager