

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 DEC 26 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000006941

Name and Mailing Address

0008972 01 AT 0.292 **AUTO H3 D 0615 33330-430455



CONDESA, LLC
12555 ORANGE DR., STE. 257
DAVIE FL 33330-4304

800025770648
12/26/03--01031--006 **155.00



2. New Mailing Address 12555 ORANGE DRIVE, SUITE 216 City, State, Zip DAVIE, FL 33330		4. State/Country of Formation FL	
Principal Place of Business 12555 ORANGE DR., STE. 257 DAVIE FL 33330		5. Date Organized or Qualified To Do Business in Florida 06/14/2000	
3. New Principal Place of Business Address 12555 ORANGE DR, SUITE 216 City, State, Zip DAVIE, FL 33330		6. FEI Number 65-1018154	
		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent CAIT, LOUIS F 4805 NW 79 AVE., STE. 9 MIAMI FL 33166		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 REQUIRED Date 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
PS	NAME, DAVID	12555 ORANGE DR., STE. 257	DAVIE FL 33330
VP	PEMBERTY, MONICA MONICA	12555 ORANGE DR., STE. 257	DAVIE FL 33330
T	FIORENTINO, FRANCO	12555 ORANGE DR., STE. 257	DAVIE FL 33330
REINSTATEMENT 03			
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 REQUIRED		Date 12/12/03	Daytime Phone # 754-862-7730
Typed or printed name of signing Managing Member/Manager DAVID NAME			

CR2E084 (7/03)