


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # **L00000007588**
Name and Mailing Address

03 OCT 28 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0004454 01 AT 0.292 **AUTO T9 0 0615 33009-639606



ACQUISITION GROUP, LLC
400 S. DIXIE HIGHWAY, SUITE #6
HALLANDALE FL 33009-6396



CR2E084 (7/03)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 405 NE 2ND AVE HALLANDALE FL 33009		3. New Principal Place of Business Address City, State, Zip	5. Date Organized or Qualified To Do Business in Florida 06/27/2000
		6. FEI Number 65-1020920	Applied For <input type="checkbox"/> 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 VAHNISH, MORRIS 405 NE 2ND AVE HALLANDALE FL 33009	9. Name and Address of New Registered Agent Name Street Address (P.O. Box) 200024218062 10/28/03-01086-002-150-00 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 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
MGRM	VAHNISH, MORRIS	400 S. DIXIE HWY SUITE #6	HALLANDALE FL 33009

REINSTATEMENT 03 Dec

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 10/26/03 Daytime Phone # 305 575 3540
Typed or printed name of signing Managing Member/Manager _____

2082

Acquisition Group, LLC

405 NE 2nd Avenue
Hallandale, FL 33009
Phone: (954) 455-3939
Fax: (954) 455-3979

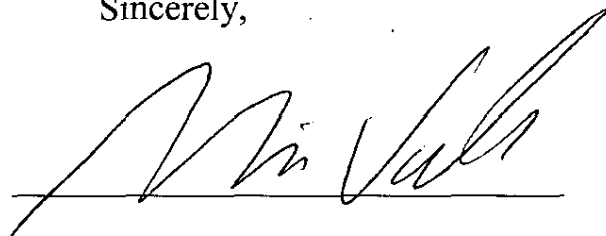
October 27, 2003

TO: Department of State
RE: Annual Report

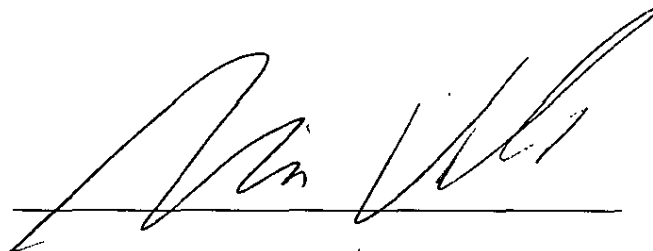
To Whom It May Concern:

This letter is to inform you that I never received the notices for the annual report. If you may have any further questions or concerns, please feel free to contact me at the number above.

Sincerely,



Morris Vahnish , Managing Member



Morris Vahnish , Registered Agent