

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jill Smith
Secretary of State
DIVISION OF CORPORATIONS

L00000008772

FILED

1. DOCUMENT # L00000008772

Name and Mailing Address

03 FEB 24 PM 12: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900010385549
01/21/03--01037--030 **150.00

0011554 01 SP 0.370 **SNGLP 0615 33331

SCANMAN, L.L.C.
C/O 2625 EXECUTIVE PARK DRIVE, SUITE 1
WESTON FL 33331



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business C/O 2625 EXECUTIVE PARK DRIVE, SUITE 1 WESTON FL 33331		5. Date Organized or Qualified To Do Business in Florida 07/25/2000	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1029642	Applied For Not Applicable
8. Name and Address of Current Registered Agent LIPSITZ, MARC 550 BILTMORE WAY, SUITE 700 CAMNER, LIPSITZ AND POLLER CORAL GABLES FL 33134		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 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 <i>[Signature]</i> Date <u>11/28/02</u> 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	ROGERS, CAROLE	2625 EXECUTIVE PARK DR., SUITE 1	WESTON FL 33331
MGRM	MILLER, ROBERT	2625 EXECUTIVE PARK DR., SUITE 1	WESTON FL 33331
REINSTATEMENT 02-03			
AL			
900010385549 02/21/03--01009--012 **50.00			

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

Carole Rogers

Date

2/10/03

*Daytime Phone #

Typed or printed name of signing Managing Member/Manager