

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.
FILED
2002 NOV 21 AM 10:50
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000009098
Name and Mailing Address

0002980 01 FP 0.352 **PRSR T9 0 0615 33180-281729
WALMER-AVENTURA, L.L.C.
18829 BISCAYNE BLVD.
AVENTURA FL 33180-2817

900009154149
11/21/02--01096--002 **150.00



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 18829 BISCAYNE BLVD. AVENTURA FL 33180		5. Date Organized or Qualified To Do Business in Florida 08/01/2000	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1032320	Applied For Not Applicable
8. Name and Address of Current Registered Agent MUSSMAN, JAY D 1675 NORTH COMMERCE PARKWAY WESTON FL 33326		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 _____ Date 11-14-02 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	WALMER GROUP CORPORATION	18829 BISCAYNE BLVD.	AVENTURA FL 33180

REINSTATEMENT 2002

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 11/16/02 Daytime Phone # 305-623 8188
Typed or printed name of signing Managing Member/Manager CARLOS I TILLY

CR2E084 (8/02)