

# L00000009098

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

**DEPARTMENT OF STATE**

**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2002 NOV 21 AM 10:50

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000009098  
Name and Mailing Address

0002980 01 FP 0.352 \*\*PRSRT 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



<b>2. New Mailing Address</b>  City, State, Zip		<b>4. State/Country of Formation</b>  FL	
<b>Principal Place of Business</b> 18829 BISCAYNE BLVD. AVENTURA FL 33180		<b>5. Date Organized or Qualified To Do Business in Florida</b>  08/01/2000	
<b>3. New Principal Place of Business Address</b>  City, State, Zip		<b>6. FEI Number</b>  65-1032320	<b>Applied For</b>  Not Applicable
<b>8. Name and Address of Current Registered Agent</b>  MUSSMAN, JAY D 1675 NORTH COMMERCE PARKWAY WESTON FL 33326		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
<b>9. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL 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 <u>11-14-02</u> <b>REGISTERED AGENT MUST SIGN</b>			
<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	WALMER GROUP CORPORATION	18829 BISCAYNE BLVD.	AVENTURA FL 33180

**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 J. TILLY

CR2E084 (8/02)