

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 31 PM 5:56

1. DOCUMENT # L00000009384

Name and Mailing Address

0005237 01 AT 0.292 **AUTO T1 0 0615 33063-392715



BISCAYNE GROUP, LLC
1315 LYONS ROAD
COCONUT CREEK FL 33063-3927



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/04/2000	
Principal Place of Business 1315 LYONS ROAD COCONUT CREEK FL 33063	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-1043099	Applied For 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 RIBMAN, SUSAN 1315 LYONS RD. COCONUT CREEK FL 33063	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 500025907289 12/31/03--01071--007 **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 Susan Ribman **SIGNATURE REQUIRED** REGISTERED AGENT MUST SIGN Date _____

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	RIBMAN, SUSAN	1315 LYONS RD.	COCONUT CREEK FL 33063

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 Susan Ribman Date _____ Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)