

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L00000009689

03 DEC -2 AM 9:10

Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0008853 01 AT 0.292 **AUTO T2 0 0615 33326-68888



BAKERLOFE LLC
1535 THREE VILLAGE RD
P.O BOX 266888
WESTON FL 33326-6888



2. New Mailing Address P.O. Box 266. 888		4. State/Country of Formation FL	
City, State, Zip WESTON, FL 33326-6888		5. Date Organized or Qualified To Do Business in Florida 08/11/2000	
Principal Place of Business 1535 THREE VILLAGE RD WESTON FL 33326	3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1032185
		Applied For Not Applicable	
8. Name and Address of Current Registered Agent PATRICK VIVIES CPA, PA 700 E DANIA BEACH BLVD #202 DANIA FL 33004		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 SIGNATURE REQUIRED Date 11/20/03 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
MGR	BAKLOFE, INC VILLAGES DE FRANCE LLC	1535 THREE VILLAGE RD	WESTON FL 33326
700025185277 12/02/03--01061--013 **150.00			
REINSTATEMENT 2003 12/10/03			

12. I certify that I am managing member/manager of 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 11-20-03 Daytime Phone #

Typed or printed name of signing Managing Member/Manager