

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

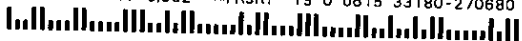
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L00000012749

Name and Mailing Address

0002995 01 FP 0.352 **PRSR T9 0 0615 33180-270680



UNITED FAMILY, L.L.C.
2580 NE MIAMI GARDENS DR.
N. MIAMI BEACH FL 33180-2706

MJH



1/8-2002

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/19/2000	
Principal Place of Business 2580 NE MIAMI GARDENS DR. N. MIAMI BEACH FL 33180	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-1049002	Applied For Not Applicable
8. Name and Address of Current Registered Agent CAMACHO, JACQUELINE 2580 NE MIAMI GARDENS DR. N. MIAMI BEACH FL 33180		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) 800009425758	
		12/10/02--01007--001 **150.00	
		City	Zip Code
		FL	
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	
Jacqueline Camacho			
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	CAMACHO, JACQUELINE	18445 COLLINS AVE., STE. 1825	NORTH MIAMI BEACH FL 33160

CR2E084 (8/02)

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 in 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: Jacqueline Camacho Date: 12/1/02 Daytime Phone #: (305) 935-9700

Typed or printed name of signing Managing Member/Manager