

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
L000000012840
FLORIDA DEPARTMENT OF STATE
REINSTATEMENT
SECRETARY OF STATE
CORPORATIONS

FILED

02 DEC 26 AM 9:39

1. DOCUMENT # L00000012840

Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500009404815

12/06/02--01094--006 **150.00

0003209 01 FP 0.352 **PRST TO 0 0615 33309-183552

SB TAMARAC COMMERCE CENTER, LLC
2005 WEST CYPRESS CREEK RD., STE. 202
FT. LAUDERDALE FL 33309-1835



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 2005 WEST CYPRESS CREEK RD., STE. 202 FT. LAUDERDALE FL 33309		5. Date Organized or Qualified To Do Business in Florida 10/20/2000	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1056801 -APPLIED FOR-	
8. Name and Address of Current Registered Agent BAYNE, SHAWN STEARNS WEAVER MILLER ET AL 200 E. BROWARD BLVD., STE. 1900 FT. LAUDERDALE FL 33301		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: BUTTERS, SAMUEL Street Address (P.O. Box Number is Not Acceptable): 2005 W. CYPRESS CREEK RD., STE. 202 FT. LAUDERDALE, FL 33309 City: FL Zip Code: 33309			
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: <i>[Signature]</i> Date: 12-16-02 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
PD	BUTTERS, SAMUEL	2005 W. CYPRESS CREEK RD. SUITE 202	FT. LAUDERDALE FL 33309

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 12-16-02 Daytime Phone # (954) 771-5056

Typed or printed name of signing Managing Member/Manager