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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT **FLORIDA DEPARTMENT OF STATE**
REINSTATEMENT **Florida E and S**
REINSTATEMENT **Secretary of State**
REINSTATEMENT **DIVISION OF CORPORATIONS**

L00000013323

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12/17/04

1. DOCUMENT # L00000013323

Name and Mailing Address

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OCELOT, LLC
 3225 AVIATION AVENUE, 7TH FLOOR
 MIAMI FL 33133-4741



REINSTATEMENT **2003**

2. New Mailing Address PO Box #908		4. State/Country of Formation FL	
City, State, Zip DELRAY BEACH, FL. 33447-0908		5. Date Organized or Qualified To Do Business in Florida 10/26/2000	
Principal Place of Business 3225 AVIATION AVENUE, 7TH FLOOR MIAMI FL 33133	3. New Principal Place of Business Address 2551 SUNDY AVENUE	6. FEI Number 65-1057901	Applied For Not Applicable
City, State, Zip DELRAY BEACH, FL. 33444		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 KAMENESH, PETER Z 3225 AVIATION AVENUE, 7TH FLOOR MIAMI FL 33133		9. Name and Address of New Registered Agent Name RICHARD FREEBORN Street Address (P.O. Box Number is Not Acceptable) 2551 SUNDY AVENUE City DELRAY BEACH FL 33444	
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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 **SIGNATURE REQUIRED** Date **DEC. 24, 2003**

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	OCELOT MANAGEMENT, INC.	3225 AVIATION AVENUE, 7TH FLOOR 2551 SUNDY AVENUE	MIAMI FL 33133 DELRAY BEACH, FL. 33444

REINSTATEMENT **2003**

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12/29/03--01058--021 **300.00

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 **SIGNATURE REQUIRED** Date **Dec 24, 2003** Daytime Phone # **954.770. 9668**

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)