

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. DOCUMENT # L00000014286

Name and Mailing Address

0004397 01 FP 0.352 **PRSR T4 0 0615 33434-339426



MAIN LINE INVESTMENTS GROUP, L.C.
19480 SAWGRASS DRIVE, UNIT 1701
BOCA RATON FL 33434-3394

02 DEC -3 AM 10:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA



12/3 2002

CR2E084 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 19480 SAWGRASS DRIVE, UNIT 1701 BOCA RATON FL 33434		5. Date Organized or Qualified To Do Business in Florida 11/20/2000	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1058493	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 SHLOMCHIK, SEYMOUR M.D. 19480 SAWGRASS DRIVE, UNIT 1701 BOCA RATON FL 33434	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 800009322048 12/03/02--01064--006 **150.00 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] Date 11/26/02

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
MGR	SHLOMCHIK, SEYMOUR M.D.	19480 SAWGRASS DRIVE, UNIT 1701	BOCA RATON FL 33434
MGR	SHLOMCHIK, MARK M.D.	27 FOX DEN WAY	WOODBRIIDGE CT 06525
MGR	SHLOMCHIK, WARREN M.D.	50 HARBOUR VIEW PLACE	STRATFORD CT 05615

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] Date 11/26/02 Daytime Phone # 561-483-0572

Typed or printed name of signing Managing Member/Manager