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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

ORIGINAL PART OF STATE

Division of Corporations

L00000014882

FILED

03 DEC 26 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000014882
Name and Mailing Address

0012065 01 AT 0.292 **AUTO T4 0 0615 33427-273333

A FUREVER FRIEND, LLC
POST OFFICE BOX 272733
BOCA RAON FL 33427-2733

200025759652
12/26/03--01003--007 **150.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 01/01/2001	
Principal Place of Business 299 S.W. 12 AVE. BOCA RATON FL 33486	3. New Principal Place of Business Address	6. FEI Number 65-1058812	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City, State, Zip		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 BRENNER, MARYANNE 299 S.W. 12 AVE. BOCA RATON FL 33486		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 _____ 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
P	BRENNER, MARYANNE	299 SW 12 AVE	BOCA RATON FL 33486

REINSTATEMENT 07

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 Maryanne Brenner Date 12/12/03 Telephone # 561-395-2063

Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)