

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L00000015005

Name and Mailing Address

02 NOV 27 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0001507 01 FP 0.352 **PRSR T5 0 0615 33064-843370



M&H DEVELOPMENT, LLC
3870 N.E. 31ST AVENUE
LIGHTHOUSE POINT FL 33064-8433



CR2E084 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 3870 N.E. 31ST AVENUE LIGHTHOUSE POINT FL 33064		5. Date Organized or Qualified To Do Business in Florida 11/30/2000	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number <u>05-1091865</u> APPLIED FOR	
		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 DANIELS, STEVEN L ESQUIRE ARNSTEIN & LEHR 433 PLAZA REAL, SUITE 275 BOCA RATON FL 33432		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) REINSTATEMENT <u>2002</u> City <u>FL</u> Zip Code	
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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] Date 11/15/02

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
MGRM	MORETTO, CHARLES	3870 N.E. 31ST AVENUE	LIGHTHOUSE POINT FL 33064
MGRM	MARCEL, DWIGHT STARK, MICHAEL	P.O. BOX 50525 711 S.E. 5th St	LIGHTHOUSE POINT FL 33064 Pompano Beach, 33060
600009244846 11/27/02--01091--005 **150.00			
12/6 cert			

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 Charles J. Moretto Date 11/20/02 Daytime Phone # 954-704-6330

Typed or printed name of signing Managing Member/Manager