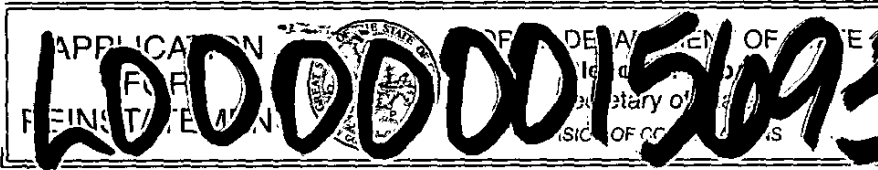


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED03 OCT 22 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000015693

Name and Mailing Address

0011728 01 AT 0.292 **AUTO T3 0 0615 33409-742160



DYER APARTMENTS LLC

2660 TECUMSEH DRIVE

WEST PALM BEACH FL 33409-7421



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 2660 TECUMSEH DRIVE WEST PALM BEACH FL 33409		5. Date Organized or Qualified To Do Business in Florida 12/14/2000	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1123529 <div style="float: right;">Applied For <input type="checkbox"/> Not Applicable</div>	
8. Name and Address of Current Registered Agent DYER, LINN T 2660 TECUMSEH DRIVE WEST PALM BEACH FL 33409		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 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. <div style="display: flex; justify-content: space-between;"><div>Signature of Registered Agent SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN</div><div><i>[Signature]</i> Date <u>Oct 17 03</u></div></div>	
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	DYER, LINN	2660 TECUMSEH DRIVE	WEST PALM BEACH FL 33409
MGRM	DYER, MIKE	2660 TECUMSEH DRIVE	WEST PALM BEACH FL 33409
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 <i>[Signature]</i>		Date <u>Oct-17-03</u> Daytime Phone # <u>561 686 3877</u>	
Typed or printed name of signing Managing Member/Manager			

CR2E084 (7/03)

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10/22/03--01013--013 **150.00**REINSTATEMENT** *[Signature]*