

APPLICATION FOR
FOR
EIN STATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Mailing Address

0010125 01 FP 0.352 **PRSRT H6 0 0615 33486-102377

VISTA GOEBEL, LLC
5355 TOWN CENTER RD. #1102
BOCA RATON FL 33486-1023



2. New Mailing Address <i>900 Melaleuca Rd. Delray Beach</i>		4. State/Country of Formation FL	
City, State, Zip _____		5. Date Organized or Qualified To Do Business in Florida 12/20/2000	
Principal Place of Business 319 SE 7TH AVE. DELRAY BEACH FL 33483	3. New Principal Place of Business Address <i>900 Melaleuca Rd.</i>	6. FEI Number 77-0455360	Applied For Not Applicable
	City, State, Zip <i>Delray Beach, FL 33483</i>	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 LEVIN, JEFFREY 319 SE 7TH AVE. DELRAY BEACH FL 33483		9. Name and Address of New Registered Agent Name <i>Jeffrey Levin</i> Street Address (P.O. Box Number is Not Acceptable) <i>900 Melaleuca Rd.</i> City <i>Delray Beach</i> FL <i>33483</i>	
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 _____ Date <i>1/19/03</i> <div style="text-align: center;"> REGISTERED AGENT MUST SIGN </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
MGR	LEVIN, JEFFREY	319 SE 7TH AVE <i>900 Melaleuca Rd.</i>	DELRAYBEACH FL 33483

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REINSTATEMENT *02-03*
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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

Date 1/19/03

Daytime Phone # 561-330-0173

Typed or printed name of signing Managing Member/Manager

JEFFREY LEVIN

CR2F084 (8/02)