

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

STATE OF FLORIDA
DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 29 AM 8:38
12/17/04

1. DOCUMENT # L00000015939

Name and Mailing Address

0005963 01 AT 0.292 **AUTO T4 0 0615 33133-474199



TRANTOR PUBLICATIONS, LLC
3225 AVIATION AVE
7TH FL
MIAMI FL 33133-4741



REINSTATEMENT 2003

2. New Mailing Address PO Box #908		4. State/Country of Formation FL	
City, State, Zip DELRAY BEACH, FL 33447-0908		5. Date Organized or Qualified To Do Business in Florida 12/18/2000	
Principal Place of Business 3225 AVIATION AVE 7TH FL MIAMI FL 33133	3. New Principal Place of Business Address 2551 SUNNY AVENUE City, State, Zip DELRAY BEACH, FL 33444	6. FEI Number 65-1071850	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 KAMENESH, PETER Z ESQ 3225 AVIATION AVE 7TH FL MIAMI FL 33133	9. Name and Address of New Registered Agent Name: RICHARD FREEBORN Street Address (P.O. Box Number is Not Acceptable) 2551 SUNNY AVENUE City: DELRAY BEACH, FL Zip Code: 33444
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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 REQUIRED

Date Dec 24, 2003

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	FREEBORN, RICHARD	3225 AVIATION AVE 7TH FL 2551 SUNNY AVENUE	MIAMI FL 33136 DELRAY BEACH, FL 33444

500025819945
12/29/03--01058--021 **300.00

REINSTATEMENT

2003

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

Date Dec 24, 2003 Daytime Phone # 954.770.9668

Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)