

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L01000001299

Name and Mailing Address

0001533 01 FP 0.352 **PRSRT T5 0 0615 33065-395962



V & V DEVELOPMENT GROUP, LLC
10191 WEST SAMPLE ROAD
SUITE 212
CORAL SPRINGS FL 33065-3959

02 DEC -5 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E084 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 10191 WEST SAMPLE ROAD SUITE 212 CORAL SPRINGS FL 33065		5. Date Organized or Qualified To Do Business in Florida 01/25/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1069155 Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134		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: SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable): 1840 Southwest 22 Street 4th Floor City: Miami FL Zip Code: 33145			
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 By: <u>Natalia Utrera, Vice President</u> Date _____			
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	NAHARI, YORAM DELETE	1781 OPA LOCKA BLVD.	OPA LOCKA FL 33064
MGR	Einy, Amnon	10191 W. Sample Road, Ste.212	Coral Springs, FL 33065
REINSTATEMENT 2002			
125600009401426 12/13/02--01062--004 **150.00 ust			

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 _____ Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____