

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC -6 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000001784

Name and Mailing Address

0004304 01 FP 0.352 \*\*PRSR T3 0 0615 33432

200008864222  
11/07/02--01040--003 \*\*150.00

A.STILLMAN, LLC  
305 SOUTH OCEAN BLVD.  
BOCA RATON FL 33432



CR2E084 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 305 SOUTH OCEAN BLVD. BOCA RATON FL 33432		5. Date Organized or Qualified To Do Business in Florida 02/02/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1091017	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 GLASSER, GENE K ESQ. 2021 TYLER STREET HOLLYWOOD FL 33020		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: \_\_\_\_\_  
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	STILLMAN, ALICE TRUSTEE	305 SOUTH OCEAN BLVD.	BOCA RATON FL 33432

REINSTATEMENT 02  
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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: Alice Stillman Date: 12-3-02 Daytime Phone # \_\_\_\_\_

Typed or printed name of signing Managing Member/Manager: ALICE STILLMAN