

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L0100001972

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF REVENUE
Jill Withers
Secretary of State
DIVISION OF CORPORATIONS

02 DEC -3 AM 10:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L0100001972
Name and Mailing Address

0008713 01 FP 0.352 **PRSRT H8 0 0615 10004-160799
CAROL CITY GARDENS LLC
50 BROADWAY
C/O GFI MANAGEMENT SERVICES, INC.
NEW YORK NY 10004-1607

MJM



12/3 2002

CR2E084 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 50 BROADWAY C/O GFI MANAGEMENT SERVICES, INC. NEW YORK NY 10004		5. Date Organized or Qualified To Do Business in Florida 02/06/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 58-2602336	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent MIGDOL, JERRY 11105 SW 200TH STREET MIAMI FL 33157		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 500009322075 City 12/03/02 01064 007 **155 00 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]* REGISTERED AGENT MUST SIGN 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
MGRM	GROSS, EDITH	50 BROADWAY	NEW YORK NY 10004

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]* Date: _____ Daytime Phone #: _____
Typed or printed name of signing Managing Member/Manager: EDITH GROSS