

FILED


02 NOV 13 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E084 (8/02)


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 NOV. 06 / 02

REGISTERED AGENT MUST SIGN

**DECLARATION**                     

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 Nov. 06/02 Daytime Phone # (305) 406-0206

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_