

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

AND
FILED

02 OCT 29 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000003547

Name and Mailing Address

0001097 01 FP 0.352 **PRST T4 0 0615 33016-582376

NEW VISTA DEVELOPERS, L.L.C.

15476 N.W. 77TH CT., UNIT 319

MIAMI LAKES FL 33016-5823

REINSTATEMENT

2002



CR2E084 (8/02)

2. New Mailing Address 15500 New BARN Road Suite 104 City, State, Zip MIAMI LAKES, FL 33014		4. State/Country of Formation FL	
Principal Place of Business 15476 N.W. 77TH CT., UNIT 319 MIAMI LAKES FL 33016		5. Date Organized or Qualified To Do Business in Florida 03/08/2001	
3. New Principal Place of Business Address Same As Above City, State, Zip		6. FEI Number <input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name ALICIO PINA Street Address (P.O. Box Number is Not Acceptable) 15500 NEW BARN Rd Suite 104 City MIAMI LAKES, FL Zip Code 33014			
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 <i>[Signature]</i> Date 10/25/02 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	PINA, ALICIO	15476 N.W. 77TH CT., UNIT 319	MIAMI LAKES FL 33016
		500008666375 10/29/02--01069--025 **155.00	
TB			

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 10/25/02 Daytime Phone (305) 823-2300

Typed or printed name of signing Managing Member/Manager