

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT OF LIMITED LIABILITY COMPANY  
L01000003594

AND FILED

02 NOV 15 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000003594  
Name and Mailing Address

0001502 01 FP 0.352 \*\*PRSRT T5 0 0615 33064-672399  
NORMANDY APARTMENTS, LLC  
1751 N.E. 31ST STREET  
POMPANO BEACH FL 33064-6723



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 1751 N.E. 31ST STREET POMPANO BEACH FL 33062		5. Date Organized or Qualified To Do Business in Florida 03/08/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number Applied For / Not Applicable	
8. Name and Address of Current Registered Agent CLARK, THOMAS M 2400 EAST COMMERCIAL BOULEVARD, SUITE 820 FT. LAUDERDALE FL 33308		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 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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: 6<sup>th</sup> Nov - 2002  
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	ARDELEAN, CONSTANTIN	8445 SPRINGTREE DRIVE	SUNRISE FL 33351
MGR	ARDELEAN, SORIN	8445 SPRINGTREE DRIVE	SUNRISE FL 33351
400009024334 11/15/02--01086--004 **150.00			
<b>REINSTATEMENT</b> <i>[Signature]</i>			
<b>TB</b>			

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: 11/6/02 Daytime Phone: (954) 786-0578  
Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)