

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2000 LLC APPLICATION FOR REINSTATEMENT

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

AND FILED

02 NOV -6 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 of 2

1. DOCUMENT # L01000003886
Name and Mailing Address

0002990 01 FP 0.352 **PRSRT T9 0 0615 33180-214540
STRATEGIC PLANNING GROUP, LLC.
19840 NE 24TH AVE
NORTH MIAMI BEACH FL 33180-2145



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 03/09/2001		6. FEI Number Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Principal Place of Business 19840 NE 24TH AVE NORTH MIAMI BEACH FL 33180		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
3. New Principal Place of Business Address City, State, Zip		8. Name and Address of Current Registered Agent LINN, JORDAN 19840 NE 24TH AVE NORTH MIAMI BEACH FL 33180	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 500008834345 11/06/02--01114--002 **\$5.00 City FL Zip Code		10. 1, 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 REGISTERED AGENT MUST SIGN Date 11/1/02	
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	LINN, JORDAN	19840 NE 24TH AVE	NORTH MIAMI BEACH FL 33180

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 11/1/02 Daytime Phone # (305) 379-3566

Typed or printed name of signing Managing Member/Manager _____

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To whom it may concern,

I have not recieved either of the uniform business reports that are usually sent on an annual basis. I am requesting that the reinstatement fee be waived on that basis. I have enclosed a check for \$55.00. \$50.00 for the annual report fee and \$5.00 for a certificate of status. If you need to contact me please do so at (305) 379-3566.

Thank you



Jordan A. Lim