

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF THE
TREASURY
DIVISION OF CORPORATIONS

03 DEC 26 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000004448

Name and Mailing Address

0007747 01 AT 0.292 **AUTO T9 0 0615 33181-341653



CRICKET CLUB 603, L.L.C.
1800 N.E. 114TH STREET
UNIT 603
MIAMI FL 33181-3416

600025760196
12/26/03--01003--030 **150.00



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 1800 N.E. 114TH STREET UNIT 603 MIAMI FL 33181		5. Date Organized or Qualified To Do Business in Florida 03/22/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-6365572 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent AGI REGISTERED AGENTS, INC. 1200 BRICKELLAVE. SUITE 900 MIAMI FL 33131		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 REQUIRED Date 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	FACCHINI, SILVANA	1800 N.E. 114TH STREET UNIT 603	MIAMI FL 33181
REINSTATEMENT 03			
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 <i>[Signature]</i>		Date 12/12/03	Daytime Phone (305) 891 6706
Typed or printed name of signing Managing Member/Manager			

CR2E084 (7/03)