

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF LIMITED LIABILITY COMPANY

L01000004510

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

02 NOV 18 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000004510

Name and Mailing Address

0002343 01 FP 0.352 **PRSR T8 0 0615 33154-261201
BAL HARBOUR INVESTMENT GROUP L.L.C.
9501 COLLINS AVE.
MIAMI BEACH FL 33154-2612



2. New Mailing Address 4300 N MERIDIAN AV. City, State, Zip MIAMI BEACH, FL, 33140.		4. State/Country of Formation FL	
Principal Place of Business 9501 COLLINS AVE. MIAMI BEACH FL 33139		5. Date Organized or Qualified To Do Business in Florida 03/23/2001	
3. New Principal Place of Business Address 9501 COLLINS AVE. City, State, Zip MIAMI BEACH FL 33154.		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent UMANSKY, PABLO J 2301 COLLINS AVE. STE #A-428 MIAMI BEACH FL 33139		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 PABLO J. UMANSKY Street Address (P.O. Box Number is Not Acceptable) 4300 N MERIDIAN AVE City MIAMI BEACH FL Zip Code 33140			
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: 10/28/02 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
MR	UMANSKY PABLO	4300 N. MERIDIAN AV.	MIAMI BEACH FL 33140
			800008775818 11/04/02--01018--018--**5.00
			800008775818 11/04/02--01018--017--**150.00
REINSTATEMENT			

CR2E084 (8/02)

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

10/28/02

Daytime Phone #

305-2168315

Typed or printed name of signing Managing Member/Manager