

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 20 PH 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000005273

Name and Mailing Address

0004422 01 FP 0.352 **PRSR T4 0 0615 33436-572267
ANVIL DEVELOPMENT GROUP, LLC
2667 CRANBROOK DRIVE
BOYNTON BEACH FL 33436-5722

800009562118
12/17/02--01067--004 **150.00



CR2E084 (8/02)

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/05/2001	
Principal Place of Business 2667 CRANBROOK DRIVE BOYNTON BEACH FL 33436	3. New Principal Place of Business Address	6. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
	City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>

8. Name and Address of Current Registered Agent MARELL, WILLIAM J 1601 FORUM PLACE, SUITE 1101 WEST PALM BEACH FL 33401	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 12/18/02
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
MGRM	SMITH, CORY J	2667 CRANBROOK DRIVE	BOYNTON BEACH FL 33436

REINSTATEMENT 2002

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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 12/10/02 Daytime Phone # 581-369-3608