

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 DEC 10 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200008879092  
11/07/02--01092--005 \*\*155.00

1. DOCUMENT # L01000006057

Name and Mailing Address

0007721 01 FP 0.352 \*\*PRST T4 0 0615 33496-192319



A-K-P LLC  
8419 TWIN LAKE DR.  
BOCA RATON FL 33496-1923



<b>2. New Mailing Address</b> 310 NORTH SWINTON AVENUE City, State, Zip DELRAY BEACH, FL 33444		<b>4. State/Country of Formation</b> FL	
<b>3. New Principal Place of Business Address</b> 310 NORTH SWINTON AVENUE City, State, Zip Delray Beach, FL 33444		<b>5. Date Organized or Qualified To Do Business in Florida</b> 04/19/2001	
<b>Principal Place of Business</b> 8419 TWIN LAKE DR. BOCA RATON FL 33496		<b>6. FEI Number</b> 36443 5859	<b>Applied For</b> Not Applicable
<b>8. Name and Address of Current Registered Agent</b> NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE FL 32301		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	

<b>9. Name and Address of New Registered Agent</b> Name Alan Bagliore Street Address (P.O. Box Number is Not Acceptable) 310 N. Swinton Avenue City Delray Beach, FL FL Zip Code 33444	
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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 Alan Bagliore Date 10/06/02

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
MGPM	BAGLIORE, ALAN	310 N. SWINTON AVE	DELRAY BEACH, FL 33444

REINSTATEMENT 02 cus  
dec

**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 Alan Bagliore Date 10/06/02 Daytime Phone #  

Typed or printed name of signing Managing Member/Manager