

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

2002 OCT 25 AM 11:40

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000006373

Name and Mailing Address

0001357 01 FP 0,352 **PRSR T5 0 0615 33034-230005



DAYMAR PROPERTIES, LLC
105 NW 12 ST.
FLORIDA CITY FL 33034-2300



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
3. New Principal Place of Business Address Principal Place of Business 105 NW 12 ST. FLORIDA CITY FL 33034 City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/25/2001	
6. FEI Number		Applied For Not Applicable	
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 DIAZ, MARIO 105 NW 12 ST. FLORIDA CITY FL 33034		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 <i>[Signature]</i> Date <i>10/22/02</i> 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
MEM	Diaz, David R.	105 NW 12 St.	Florida City, FL 33034
			900008595629 10/25/02--01072--005 **150.00

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

Daytime Phone

Typed or printed name of signing Managing Member/Manager

DAVID R DIAZ

(385) 247-2476

CR2E084 (8/02)