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L01000006975

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 OCT 23 PM 2: 39

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

500024028945
10/23/03--01010--024 **155.00

1. **DOCUMENT #**   L01000006975

Name and Mailing Address

0008128 01 AT 0.292 **AUTO TO 0 0615 33305-181423

1645 EAST LAKE DRIVE, LLC
1923 NE 31ST AVE.
FORT LAUDERDALE FL 33305-1814

2. New Mailing Address		4. State/Country of Formation FL
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 05/03/2001

Principal Place of Business 1923 NE 31ST AVE. FORT LAUDERDALE FL 33305	3. New Principal Place of Business Address	6. FEI Number 65-1108286	Applied For
	City, State, Zip		Not Applicable
		7. CERTIFICATE OF STATUS DESIRED [X]	$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
REGISTERED AGENTS OF FLORIDA, LLC 100 SOUTHEAST 2ND STREET, SUITE 3500 MIAMI FL 33131	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 **10/20/03**

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	RISSE, ROBERT J	1923 NE. 31ST AVE.	FORT LAUDERDALE FL 33305

REINSTATEMENT 2003

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 REQUIRED _____ Date **10/20/03** Daytime Phone # **954-630 3624** **917-407-2595**

Typed or printed name of signing Managing Member/Manager _____