

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

L01000007842

FILED

02 DEC 26 AM 9:34

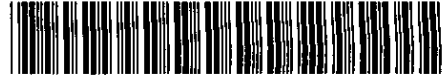
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000007842

Name and Mailing Address

0008502 01 FP 0.352 \*\*PRSR H6 0 0615 33134-521375  
N.W. 25TH STREET AND 2ND AVENUE, LLC  
2121 PONCE DE LEON BLVD., STE. 1100  
CORAL GABLES FL 33134-5213

200009404842  
12/06/02--01094--008 \*\*150.00



2. New Mailing Address % Lombardi Properties - 167 NW 25 ST City, State, Zip MIAMI FL 33127		4. State/Country of Formation FL	
Principal Place of Business 2121 PONCE DE LEON BLVD., STE. 1100 CORAL GABLES FL 33134		5. Date Organized or Qualified To Do Business in Florida 05/17/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1104119	Applied For Not Applicable
8. Name and Address of Current Registered Agent HORWITZ, SANFORD B 2121 PONCE DE LEON BLVD., STE. 1100 CORAL GABLES FL 33134		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		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: 12-2-02 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	DAVID Lombardi	167 NW 25 ST <del>MIAMI</del>	MIAMI, FL 33127
REINSTATEMENT <i>[Signature]</i>			

CR2E084 (8/02)

12. I certify that I am managing member/manager, 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: 12/3/02 Daytime Phone #: 305 695 1600

Typed or printed name of signing Managing Member/Manager