

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000007894

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

2002 DEC -6 PM 3:24

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000007894
Name and Mailing Address

0008487 01 FP 0.352 **PRSRT H6 0 0615 33134-521375
85 N.W. 10TH STREET, LLC
2121 PONCE DE LEON BLVD., STE. 1100
CORAL GABLES FL 33134-5213



2. New Mailing Address 167 NW 25 STREET 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 05/18/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 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: [Signature] 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
Mgr	DAVID Lombardi	167 NW 25 ST	MIA FL 33127
		700009400757 12/06/02--01059--006 **150.00	
REINSTATEMENT 2002			

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: 12/3/02 Daytime Phone #: 305 695 1600

CR2E084 (8/02)