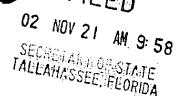
APPLICATION FLORIDA DE RIMENTO SE PROPERTO DE LA CONTRA DELIGIA DE LA CONTRA DELIGIA DE LA CONTRA DE LA CONTRA DELIGIA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DELIGIA DE LA CONTRA DELIGIA DELIGIA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DELIGIA DELIGIA DELIGIA DELIGIA DELIGIA DE LA CONTRA DELIGIA DE LA CONTRA DELIGIA DELIGIA

1. DOCUMENT # L01000008036

BOCA RATON FL 33486-1080

Name and Mailing Address





| 2. New Mailing Address City, State, Zip | | | | | 4. State/Country of Formation FL 5. Date Organized or Qualified To Do Business in Florida 05/14/28/01 | | | |
|--|--|----------------------|--|--|--|---|---|--|
| | | | | | | | | Principal Place of Business 3. New Principal Place of E |
| 5295 TOWN CENTER RD, 3RD FL BOCA RATON FL 33486 | | City, State, Zip | | | 7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status | | | |
| | 8. Name and Address of Current F | legistered Agent | ar a resta. Nescis te strati rista samo: | | 9. Name and A | ddress of New Registered | I Agent | |
| Of Halife and Radioso of Ostron Hogotolog Again | | | | Name | | | | |
| 529 | HOLL, HARVEY 5 TOWN CENTER RD, 3RD FL CA RATON FL 33486 | | Street Addr | | dress (P.O. Box Number is Not Acceptable) | | | |
| | | | | City | | F | Zip Code | |
| Signature of Registered A | Agent | SISTERED AGENT N | | am taninai witi a | | Date | ٤ | |
| 11. Names | and Street Addresses of Each Managing | Member/Manager | | | | | | |
| Title(s) | | | | et Address of Each ing Member/Manager City / State / Zip | | | | |
| MGBA | HARVEY SCHOOL | | 5295 | TOWNC | ENTER RS | BOCA BATO | n, FL33486 | |
| | | | | | 70) 11/21/ | 00091527 1201072007 | '57 **150.00 | |
| | · | | | | | | | |
| | REINSTATEM | ENT 2 | 062 | | | | | |
| | REMSTATEIN | 000 | PK | | | | | |
| filing thi all fees as if ma | that I am managing member/manager or is reinstatement application the reason for owed by the limited liability company have ade under oath. | dissolution has been | eliminated, the | limited liability con d on this applicatio | npany name satisfie on is true and accura | s the requirements of section ate, and my signature shall the | n 608.406, F.S., and that have the same legal effect | |
| Signature of Managing M | Member/Manager | | | Date <u>''/</u> | 15/8) DE | aytime Phone # | 477111 | |

LARURY SCHOLL