

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000008131

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2002 NOV 26 AM 10:29

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000008131
Name and Mailing Address

0002694 01 FP 0,352 **PRSRT T9 0 0615 33166-278128
RYLEY PROPERTIES, L.L.C.
8028 NW 68TH ST.
MIAMI FL 33166-2781



CR2E084 (8/02)

2. New Mailing Address SAME AS ABOVE		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 05/22/2001	
Principal Place of Business 8028 NW 68TH ST. MIAMI FL 33166	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-11211681	Applied For Not Applicable
8. Name and Address of Current Registered Agent FALCON, LUIS 4000 SW 136 AVE. MIRAMAR FL 33027		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) 500008344538 11/12/02--01143--006 ***150.00 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: *Luis Falcon* Date: 11/21/02

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
MEM	FALCON, LUIS A	4000 SW 136 AVE.	MIRAMAR FL 33027
MEM	FALCON, AILEEN	4000 SW 136 AVE.	MIRAMAR FL 33027

REINSTATEMENT 2002
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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: *Luis Falcon* Date: 11/8/02 Daytime Phone #: 305-591-8448

Typed or printed name of signing Managing Member/Manager