

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT

L01000008875



DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L01000008875

Name and Mailing Address

0004279 01 FP 0.352 **PRSR T3 0 0615 33432-399950



DOUGLAS C. GREEN, LLC
433 PLAZA REAL
SUITE 275
BOCA RATON FL 33432-3999

02 DEC -2 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. New Mailing Address 433 Plaza Real Suite 275 City, State, Zip Boca Raton, FL 33432		4. State/Country of Formation FL	
Principal Place of Business 433 PLAZA REAL SUITE 275 BOCA RATON FL 33432		5. Date Organized or Qualified To Do Business in Florida 06/01/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1114449	
		Applied For <input type="checkbox"/> Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent GREEN, DOUGLAS C 433 PLAZA REAL SUITE 275 BOCA RATON FL 33432		9. Name and Address of New Registered Agent Name: [Signature] 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: 11/26/02 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
President	Douglas C. Green	2848 N.E. 32nd St Apt	Lighthouse Point, FL 33064
REINSTATEMENT 2002 MK			
400009297254 12/02/02--01049--008 **150.00			

CR2E084 (8/02)

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: 11/26/02 Daytime Phone #: 561-361-4803

Typed or printed name of signing Managing Member/Manager