

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 10 AM 10:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000009669

Name and Mailing Address

0011189 01 AT 0.292 \*\*AUTO T2 1 0615 34711-483099



CAGAN CROSSINGS UNIT TWO, L.L.C.  
16554 CROSSINGS BLVD., SUITE 4  
CLERMONT FL 34711-4830



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/18/2001	
Principal Place of Business 16554 CROSSINGS BLVD., SUITE 4 CLERMONT FL 34711	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 20-0206428 APPLIED FOR	Applied For Not Applicable
8. Name and Address of Current Registered Agent DEAS, WILLIAM J P.A. 2215 RIVER BLVD. JACKSONVILLE FL 32204		7. CERTIFICATE OF STATUS DESIRED <input checked="" 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 <u>WILLIAM J. DEAS</u> <b>SIGNATURE REQUIRED</b> Date <u>Dec 9, 2003</u> WILLIAM J. DEAS 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	CAGAN CROSSINGS, LTD.	3856 OAKTON STREET	SKOKIE IL 60076
			500025529955 12/16/03-01050--002 **150.00
			500025529955 12/16/03-01050--003 **5.00
<b>REINSTATEMENT 2003</b>			

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 JEFFREY CAGAN **SIGNATURE REQUIRED** Date 12/8/03 Daytime Phone # 352-242-2444

Typed or printed name of signing Managing Member/Manager

JEFFREY CAGAN

CR2E084 (7/03)