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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

2004 JAN 27 PM 12:23

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000011284

Name and Mailing Address

0012315 01 AT 0.292 \*\*AUTO TS 0 0615 33435-794362



C & D, PROFESSIONAL LIMITED LIABILITY COMPANY  
2800 SOUTH SEACREST BLVD.  
SUITE 106B  
BOYNTON BEACH FL 33435-7943



2. New Mailing Address <b>250 SE 23 Ave Suite A</b>		4. State/Country of Formation FL	
City, State, Zip <b>Boynton Beach FL 33435</b>		5. Date Organized or Qualified To Do Business in Florida 07/11/2001	
Principal Place of Business 2800 SOUTH SEACREST BLVD. SUITE 106B BOYNTON BEACH FL 33435	3. New Principal Place of Business Address <b>250 SE 23 Ave</b> City, State, Zip <b>Boynton Beach FL 33435</b>	6. FEI Number APPLIED FOR	Applied For Not Applicable
		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 <b>DINNERSTEIN, ALLAN J</b> 17659 TIFFANY TRACE DR BOCA RATON FL 33407		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 <b>REGISTERED AGENT MUST SIGN</b> Date <b>1/15/04</b>			
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	DINNERSTEIN, ALLAN J	2800 SOUTH SEACREST BLVD.	BOYNTON BEACH FL 33435
MGR	CASTANEDA, JOSE F	2800 SOUTH SEACREST BLVD.	BOYNTON BEACH FL 33435
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REINSTATEMENT 2003-04			
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 <b>REGISTERED AGENT MUST SIGN</b> Date <b>1/15/04</b> Daytime Phone # <b>5617904822</b> Typed or printed name of signing Managing Member/Manager			

CR2E034 (7/03)