

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
In Shift
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 26 AM 9:40

1. DOCUMENT # L01000011483

Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0011552 01 SP 0.370 **SNGLP

0615 33329

ORIG ADDRESS WAS INCORRECT IN FIRST
PLACE

EVERGLADES BOTANICAL (175) LC

P.O. BOX 290485
DAVIE FL 33329



2. New Mailing Address 2075 Flamingo Road City, State, Zip: Davie, Fla 33325		4. State/Country of Formation FL	
Principal Place of Business 2 SOUTH BISCAYNE BLVD. SUITE 3400 MIAMI FL 33131		5. Date Organized or Qualified To Do Business in Florida 07/13/2001	
3. New Principal Place of Business Address 2075 Flamingo RD City, State, Zip: Davie, Fla 33325		6. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/>	
8. Name and Address of Current Registered Agent VALDES-FAULI CORPORATE SERVICES, INC. 2 SOUTH BISCAYNE BLVD. SUITE 3400 MIAMI FL 33131		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): _____ 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 a registered agent. Signature of Registered Agent: <u>STAN WOOD, PRESIDENT</u> Date: <u>10/28/02</u> REGISTERED AGENT-MUST-SIGN: <u>MANAGOR</u>	
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	WOOD, STANLEY	P.O. BOX 29045	DAVIE FL 33329
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

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

10/28/02

954-529
6793