

**L01000011890**

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION

OFFICE OF THE SECRETARY OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

**REINSTATEMENT**

**FILED**

1. DOCUMENT # L01000011890  
Name and Mailing Address

03 JUN 18 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0002348 01 FP 0.352 \*\*PRSRT T8 0 0615 33154-206885  
TRUST LICENSING, LLC  
1108 KANE CONCOURSE  
SUITE 310  
MIAMI FL 33154-2068



<b>2. New Mailing Address</b>  City, State, Zip		<b>4. State/Country of Formation</b> FL	
<b>3. New Principal Place of Business Address</b> Principal Place of Business 1108 KANE CONCOURSE SUITE 310 MIAMI FL 33154  City, State, Zip		<b>5. Date Organized or Qualified To Do Business in Florida</b> 07/19/2001	
<b>6. FEI Number</b> 65-113224		<b>Applied For</b> Not Applicable	
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee required for a Certificate of Status</b>	
<b>8. Name and Address of Current Registered Agent</b>  THE SOLOMON LAW GROUP, P.A. 400 NORTH ASHLEY PLAZA SUITE 3000 TAMPA FL 33602		<b>9. Name and Address of New Registered Agent</b> Name <b>JAY HOWARD LINN</b> Street Address (P.O. Box Number is not Acceptable) <b>1108 KANE CONCOURSE</b> <b>SUITE 310</b> City <b>BAY HARBOR ISLANDS</b> FL Zip Code <b>33154</b>	
<b>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.</b> Signature of Registered Agent  Date <b>6/17/03</b> REGISTERED AGENT MUST SIGN			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<b>Mgr</b>	<b>JAY HOWARD LINN</b>	<b>1108 KANE CONCOURSE #30</b>	<b>BAY HARBOR ISLANDS FL 33154</b>
		<b>700020965877</b>	
		<b>06/18/03--01030--002 **200.00</b>	
		<b>REINSTATEMENT 2002-2003</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 Date **JUN 17 2003** Daytime Phone # **305-866-8700**  
Typed or printed name of signor Managing Member/Manager **JAY HOWARD LINN**

CR2E084 (8/02)