

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Division of Corporations

L01000012503

03 DEC 16 PM 1:34

6/12/26

1. DOCUMENT # L01000012503
Name and Mailing Address

0008427 01 AT 0.292 **AUTO T1 0 0615 33312-620735
MOONDANCE PROPERTIES LLC
3835 SOUTHWEST 56TH ST.
FORT LAUDERDALE FL 33312-6207



REINSTATEMENT 2003

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 3835 SOUTHWEST 56TH ST. FORT LAUDERDALE FL 33312		5. Date Organized or Qualified To Do Business in Florida 07/30/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1125086	
		Applied For 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 SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22 STREET, 4TH FLOOR MIAMI FL 33145		9. Name and Address of New Registered Agent Name Prince A. Dornahue Jr, P.A. Street Address (P.O. Box Number is Not Acceptable) 220 N. State Road Seven City Hollywood, FL FL Zip Code 33021	
--	--	--	--

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 Prince A. Dornahue Jr **SIGNATURE REQUIRED** Date 12-3-03
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
MGR	BATISTA, MARY	3835 SOUTHWEST 56TH ST.	FORT LAUDERDALE FL 33312

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] **SIGNATURE REQUIRED** Date 11/18/03 Daytime Phone # 954.894.3600

Typed or printed name of signing Managing Member/Manager