

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
J. Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

02 DEC 23 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000012895

Name and Mailing Address

0004353 01 FP 0.352 **PRSR T3 0 0615 33433-244999



WORTH DEVELOPMENT CO., L.L.C.
21218 ST. ANDREWS BLVD. #605
BOCA RATON FL 33433-2449

300009646733
12/23/02--01094--006 **155.00



2. New Mailing Address

City, State, Zip

Principal Place of Business

1917 NORTHEAST SECOND STREET
DEERFIELD BEACH FL 33441

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

08/02/2001

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required
for a Certificate of Status

CR2E084 (8/02)

8. Name and Address of Current Registered Agent

KNOBLOCH, MJ
1917 NORTHEAST SECOND STREET
DEERFIELD BEACH FL 33433

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

21218 ST ANDREWS BLVD #605

City

BOCA RATON

FL

Zip Code

33433

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

M Knobloch
REGISTERED AGENT MUST SIGN

Date 12/12/02

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	KNOBLOCH, MJ	1917 NORTHEAST SECOND STREET	DEERFIELD BEACH FL 33433

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

M Knobloch

Date 12/12/02

Daytime Phone # 561-846-8842

Typed or printed name of signing Managing Member/Manager

MT KNOBLOCH