

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

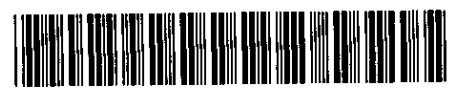
APPLICATION FOR REINSTATEMENT
L01000013076

1. DOCUMENT # L01000013076

Name and Mailing Address

0004144 01 FP 0.352 **PRST T3 0 0615 33429-056666
ROBERT CHARLES AND ASSOCIATES, LLC
PO BOX 566
BOCA RATON FL 33429-0566

REINSTATEMENT 2002



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
3. New Principal Place of Business Address Principal Place of Business PO BOX 566 BOCA RATON FL 33429		5. Date Organized or Qualified To Do Business in Florida 08/03/2001	
6. FEI Number 65-1155080		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 SOKOLOFF, GARY 1706 COSTA DEL SOL BOCA RATON FL 33432		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: <u>G. Sokoloff</u> Date: <u>OCT 30, 2002</u> 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
PRES.	GARY SOKOLOFF	3639 SW 24TH AVE	DELM BEACH, FL 33445
J.P.	EDWARD C. JASKIEWICZ	7400 ROSEWOOD Circle	BOCA RATON, FL 33487

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: G. Sokoloff Date: OCT 30, 2002 Daytime Phone #: 561-347-0673
Typed or printed name of signing Managing Member/Manager: GARY SOKOLOFF