

▲ Tear Here ▲

▲ Tear Here ▲

▲ Tear Here ▲

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. **DOCUMENT #** L01000013574

Name and Mailing Address

0012275 01 AT 0.292 **AUTO TS 0 0815 33433-646526



EIGHTEEN ASSOCIATES, LLC
6526 VIA ROSA DRIVE
BOCA RATON FL 33433-6465



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/13/2001	
Principal Place of Business 6526 VIA ROSA DRIVE BOCA RATON FL 33433	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-1132434	Applied For Not Applicable
8. Name and Address of Current Registered Agent WEISBLAT, JACK 6526 VIA ROSA DRIVE BOCA RATON FL 33433		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 this above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <i>Jack Weisblat</i> SIGNATURE REQUIRED Date 10/22/03 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	WEISBLAT, JACK	6526 VIA ROSA DR	BOCA RATON FL 33433
			600024179256 10/27/03--01122--003--**150:00
			REINSTATEMENT 03 dec

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 REQUIRED

Date

10/22/03

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

JACK WEISBLAT

CR2E(84 (7/03)