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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

2004 FEB 25 PM 2:19

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000013595


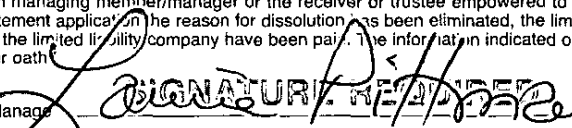
Name and Mailing Address

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MDG FAMILY ENTERPRISES LLC
1919 N.E. 45TH STREET
SUITE 115
FT. LAUDERDALE FL 33308-5135



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/14/2001	
Principal Place of Business 1919 N.E. 45TH STREET SUITE 115 FT. LAUDERDALE FL 33308	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-1129776	Applied For Not Applicable
8. Name and Address of Current Registered Agent OTHEL TURNER & COMPANY 5787 WEST SUNRISE BLVD. PLANTATION FL 33313		7. CERTIFICATE OF STATUS DESIRED <input checked="" 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 the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent  REGISTERED AGENT MUST SIGN Date 1/1/04			
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	PITTMAN, LAURIE	1919 N.E. 45TH STREET	FT. LAUDERDALE FL 33308
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 1-1-04 Daytime Phone # 954-972-4512 Typed or printed name of signing Managing Member/Manager			

CR2E034 (7/03)

REINSTATEMENT 2003-0848

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