

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND  
FILED

02 DEC -9 PM 12:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000014314

Name and Mailing Address

0002578 01 FP 0.352 \*\*PRSR T8 0 0615 33160-259899

ART AT THE DIPLOMAT, LLC

18011 BISCAYNE BLVD.

TOWER ONE SOUTH SUITE 1804

AVENTURA FL 33160-2598

REINSTATEMENT



CR2E084 (8/02)

<b>2. New Mailing Address</b> City, State, Zip		<b>4. State/Country of Formation</b> FL	
<b>3. New Principal Place of Business Address</b> Principal Place of Business 18011 BISCAYNE BLVD. TOWER ONE SOUTH SUITE 1804 AVENTURA FL 33160 City, State, Zip		<b>5. Date Organized or Qualified To Do Business in Florida</b> 08/23/2001	
<b>6. FEI Number</b> FS 65-1131569		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
<b>8. Name and Address of Current Registered Agent</b> LOWE, MELVIN 18011 BISCAYNE BLVD. TOWER ONE SOUTH SUITE 1804 AVENTURA FL 33160		<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b> Signature of Registered Agent <u>Melvin Lowe</u> Date <u>Oct 25, 2002</u> REGISTERED AGENT MUST SIGN			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	LOWE, MELVIN	18011 BISCAYNE BLVD.	AVENTURA FL 33160
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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

Daytime Phone #

Typed or printed name of signing Managing Member/Manager