

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Glenn E. ...

14546

FILED

03 OCT 24 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000014546

Name and Mailing Address

0012363 01 AT 0.292 **AUTO T5 0 0615 33437-150234



MYCOM, LLC
5534 AINSLEY COURT
BOYNTON BEACH FL 33437-1502



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/27/2001	
Principal Place of Business 5534 AINSLEY COURT BOYNTON BEACH FL 33437	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 38-3619837	Applied For Not Applicable
		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 YELLEN, MARK 5534 AINSLEY COURT BOYNTON BEACH FL 33437	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 *[Signature]* **SIGNATURE REQUIRED** Date 10-20-03

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
P	YELLEN, MARK	5534 AINSLEY COURT	BOYNTON BEACH FL 33437
			800024098218 10/24/03--01072--026 **150.00
			REINSTATEMENT 03
			<i>[Signature]</i>

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]* **SIGNATURE REQUIRED** Date 10-20-03 Daytime Phone # 5613648300

Typed or printed name of signing Managing Member/Manager MARK YELLEN

CR2E034 (7/03)