PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

1. DOCUMENT # L01000014852

Name and Mailing Address

Managing Member/Manage

Typed or printed name of signing Managing

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FILED 03 OCT 27 AM 8: 00

SECRETARY OF STATE TALLAHASSEE, FLORIDA



2. New Maining Address				State/Country of Formation FL		
City, State, Zip				5. Date Organized or Qualified To Do Business in Florida 08/29/2001		
Principal Place of Business 2727 TERRAMAR STREET FT. LAUDERDALE FL 33304		3. New Principal Place of Business Address		04 4700000		Applied For Not Applicable
		City, State, Zip		7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status		
8. Name and A	Name and Address of New Registered Agent					
DUDDLE, ALAN P	Name					
2727 TERRAMAR S FT. LAUDERDALE	Street Address (P.O. Box Number is Not Acceptable)					
	City FL Zip Code					
Signature of Registered Agent	RE	JAFURE REQUIRE GISTERED AGENT-MUST SIGN Member/Manager	ED		Date 2 CCY	2003
Title(c) Name of Managing Sti			t Address of Each ng Member/Manager City / State / Zip			
MGR DUDDLE, ALAN P	R DUDDLE, ALAN P 2727 TE		MAR STREET		FT. LAUDERDALE FL 33304	
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filing this reinstatement appli	cation the reason for	the receiver or trustee empowered dissolution has been eliminated, the been paid. The information indicated	limited liability comp	any name satisfies	the requirements of section 6	608.406, F.Ś., and that