

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROPRIATION OF FUNDS FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jill Smith
Secretary of State
DIVISION OF CORPORATIONS

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FILED

02 NOV 25 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/25/02--01089--004 **150.00

MEDUSA GROUP HOLDINGS, LLC
800 BRICKELL AVE., STE. 201
MIAMI FL 33131-2974



2. New Mailing Address 27 East DiLido Drive		4. State/Country of Formation FL	
City, State, Zip Miami Beach, FL 33139		5. Date Organized or Qualified To Do Business in Florida 09/04/2001	
Principal Place of Business 800 BRICKELL AVE., STE. 201 MIAMI FL 33131	3. New Principal Place of Business Address 27 East DiLido Drive City, State, Zip Miami Beach, FL 33139	6. FEI Number 37-1448921	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 RAZOOK, RICHARD J 800 BRICKELL AVE., STE. 201 MIAMI FL 33131		9. Name and Address of New Registered Agent Name: Jeffrey Watkin, Esq. Street Address (P.O. Box Number is Not Acceptable): 200 S. Biscayne Boulevard Suite 2500 City: Miami FL 33131	
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: <i>[Signature]</i> Date: _____ 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	Seikaly, Rony	27 East DiLido Drive	Miami Beach, FL 33139

REINSTATEMENT 2002

12/2 *[Signature]*

CR2E084 (8/02)

12. I certify that I am a duly authorized representative of the limited liability company and am duly 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 *Joey Wray* Date _____ Daytime Phone # 305-556-1488

Typed or printed name of signing Managing Member/Manager Jeffrey Watkin, Authorized Representative