

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
 L01000015333

FILED

02 DEC -4 AM 10:52

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000015333  
 Name and Mailing Address

0008433 01 FP 0.352 \*\*PRSR H6 0 0615 33134-521725  
 BROMLEY-MORRIS, LLC  
 2121 PONCE DE LEON BLVD.  
 SUITE 900  
 CORAL GABLES FL 33134-5217



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 2121 PONCE DE LEON BLVD. SUITE 900 CORAL GABLES FL 33134		5. Date Organized or Qualified To Do Business in Florida 09/07/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1154696 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
8. Name and Address of Current Registered Agent WIENER, MARVIN L ESQ. 2121 PONCE DE LEON BLVD. SUITE 900 CORAL GABLES FL 33134		7. CERTIFICATE OF STATUS DESIRED <input 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 *Marvin Wiener* Date 12/2/02  
 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
Managing Mbr.	Brad Bromley	2643 Oakbrook Dr	Weston Fl. 33332
"	George Morris	12555 Orange Dr.	Davie Fl. 33330

400009347904  
 12/04/02--01044--002 \*\*150.00

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 *Brad Bromley* Date 11/7/02 Daytime Phone # 305-653-8680

Typed or printed name of signing Managing Member/Manager  
 BRAD BROMLEY

CR2E084 (8/02)