

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2003 DEC -4 PM 12: 55

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

400025201264  
12/04/03--01006--005 \*\*150.00



1. **DOCUMENT #** L01000015606

Name and Mailing Address

0014909 01 AB 0.301 \*\*AUTO H5 0 0615 10165-131538



SOUTH LAKE TRAIL, LLC  
C/O FULVIO & ASSOC., LLP.  
60 E 42ND ST., SUITE 1313  
NEW YORK NY 10165-1315

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/12/2001	
Principal Place of Business 452 BRAZILIAN AVE. PALM BEACH FL 33480	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-1137129	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 NRAI SERVICES INC. 526 E. PARK AVE. TALLAHASSEE FL 32301	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 REQUIRED** 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
MGRM	SEGERSON, RICHARD	182 VALLEY RD. P.O. Box 787	NEW CANAAN CT 06840 - 0787

**REINSTATEMENT 2003**

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 REQUIRED** Date 11/1/03 Daytime Phone # 203-966-4961

Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)