

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
L01000015890

FILED

02 NOV 13 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000015890

Name and Mailing Address

0004295 01 FP 0.352 \*\*PRSR T3 0 0615 33432-413880



LINCK, LLC  
380 N.E. SPANISH TRAIL  
BOCA RATON FL 33432-4138



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 380 N.E. SPANISH TRAIL BOCA RATON FL 33432		5. Date Organized or Qualified To Do Business in Florida 09/17/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent SINGER, BERNARD A ESQ. 4925 SHERIDAN STREET, SUITE A HOLLYWOOD FL 33021		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: B. Linck Street Address (P.O. Box Number is Not Acceptable): 380 NE Spanish Trail City: Boca Raton FL Zip Code: 33432			
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] Date: 10/25/02 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
MEM	B. Linck	380 NE Spanish TRAIL	BOCA RATON, FL 33432
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.			

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REINSTATEMENT

[Signature]

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] Date: 10/25/02 Daytime Phone: 561 368 5232

Typed or printed name of signing Managing Member/Manager: BERNARD LINCK