

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



Secretary of State  
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000016151  
Name and Mailing Address

0003397 01 FP 0.352 \*\*PRSRT T1 0 0615 33316-341901  
GLENN LEWIS GROUP, LLC  
101 SE 21ST STREET  
FORT LAUDERDALE FL 33316-3419

FILED  
03 JAN 28 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
400011125374  
01/28/03--01032--024 \*\*200.00



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 101 SE 21ST STREET FORT LAUDERDALE FL 33316		5. Date Organized or Qualified To Do Business in Florida 09/20/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1150653	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 RICHARDSON, GEX F 350 EAST LAS OLAS BLVD. SUITE 1600 FORT LAUDERDALE FL 33301		9. Name and Address of New Registered Agent Name: Richardson, Gex F Street Address (P.O. Box Number is Not Acceptable): 101 SE 21st Street City: Fort Lauderdale FL Zip Code: 33316	
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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]* Date: 1/13/03  
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	Glenn Wright Construction + Development, INC	101 SE 21st Street	Fort Lauderdale, FL 33316
MGRM	A. Lakin + Sons, INC.	101 SE 21st Street	Fort Lauderdale, FL 33316

REINSTATEMENT 2002-2003  
1/29 [Signature]

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided 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: 1.13.03 Daytime Phone #: 954-761-3472  
Glenn B. Wright, M.

CR2E084 (8/02)