

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

03 APR 30 PM 12:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

1. DOCUMENT # L01000016194

Name and Mailing Address

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INDUSTRIAL INVESTMENTS, LLC
P.O. BOX 1936
BELIZE CITY BELIZE



4/30 2002-2003

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 8 MARINE PARADE BELIZE CITY BELIZE		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 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
		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

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name CLARK W. SMITH, ESQ
Street Address (P.O. Box Number is Not Acceptable)
BARRISTERS BLDG., SUITE 500
1615 FORUM PLACE
City WEST PALM BEACH FL Zip Code 33401

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 Clark W. Smith Reg Agent by expressed permission 8CJ Date 25 April, 2003
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	THOMPSON, STEPHEN L	8 MARINE PARADE	BELIZE CITY BELIZE

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 8CJ MGR Date 25 April, 2003 Daytime Phone # (201) 223-65-66

Typed or printed name of signing Managing Member/Manager