

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR  
REINSTATEMENT



DIVISION OF CORPORATIONS

FILED

03 DEC -2 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000017009

Name and Mailing Address

0004151 01 FP 0.352 \*\*PRST T3 0 0615 33431-694691



CIRCLE INVESTMENT GROUP, LLC  
691 N.E. 29TH PLACE  
BOCA RATON FL 33431-6946

000025164330  
12/02/03--01061--008 \*\*200.00



US

<b>2. New Mailing Address</b>		<b>4. State/Country of Formation</b> FL	
City, State, Zip		<b>5. Date Organized or Qualified To Do Business in Florida</b> 10/04/2001	
<b>Principal Place of Business</b> 691 N.E. 29TH PLACE BOCA RATON FL 33431 US	<b>3. New Principal Place of Business Address</b> City, State, Zip	<b>6. FEI Number</b> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>8. Name and Address of Current Registered Agent</b> STEWART, RONALD N ESQ. 6625 VIA REGINA BOCA RATON FL 33433		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
<b>9. Name and Address of New Registered Agent</b> Name LAWRENCE D. FERK Street Address (P.O. Box Number is Not Acceptable) 691 N.E. 29th PLACE City BOCA RATON FL Zip Code 33431-6946			
<b>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.</b> Signature of Registered Agent [Signature] Date 11-25-03 REGISTERED AGENT MUST SIGN			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MANAGER	LAWRENCE D. FERK	691 NE 29 PL	BOCA RATON, FL 33431
<b>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.</b> Signature of Managing Member/Manager [Signature] Date 11/25/03 Daytime Phone # 561 394 3856 Typed or printed name of signing Managing Member/Manager LAWRENCE D. FERK			

2002-2003  
REINSTATEMENT