

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

17229

02 NOV 12 AM 10:16

1. DOCUMENT # L01000017229

Name and Mailing Address

0004176 01 FP 0.352 \*\*PRSRT T3 0 0615 33431-600554

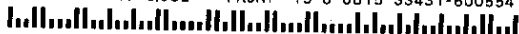


EXHIBIT THIS L.L.C.

3401 NORTH FEDERAL HIGHWAY

SUITE 204

BOCA RATON FL 33431-6005

REINSTATEMENT

2002



CR2E084 (8/02)

<b>2. New Mailing Address</b> City, State, Zip		<b>4. State/Country of Formation</b> FL	
<b>Principal Place of Business</b> 3401 N FEDERAL HIGHWAY SUITE 204 BOCA RATON FL 33431		<b>5. Date Organized or Qualified To Do Business in Florida</b> 10/08/2001	
<b>3. New Principal Place of Business Address</b> City, State, Zip		<b>6. FEI Number</b> 65-1145457	
		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	

<b>8. Name and Address of Current Registered Agent</b> KELLY, PATRICK 16317 COUNTRY LAKE CIRCLE DELRAY BEACH FL 3348	<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Not Permitted) 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 Patrick Kelly Date 11/4/02

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
Pres.	Patrick Kelly	16317 Country Lake Circle	Delray Beach, FL 33484
VP.	Michael Nicholson	2269 W Silver Palm	Boca Raton, FL 33432
Sec.	Charles Knapick	50 SE 12th ST #244	Boca Raton, FL 33432
REINSTATEMENT 2002			

**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 Charles Knapick Date 11/4/02 Daytime Phone # 561-395-2595

Typed or printed name of signing Managing Member/Manager Charles Knapick