

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
L01000017828
 Jim
 Secretary of State
 DIVISION OF CORPORATE REGISTRATION

FILED

02 DEC 30 AM 8:55

1. DOCUMENT # L01000017828

Name and Mailing Address

0005643 01 FP 0.352 **PRSR T7 0 0615 34134-876951
 MJ RAMOS, LLC
 4411 RIVERWATCH DR
 #201
 BONITA SPRINGS FL 34134-8769

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

100009744351
 12/30/02--01084--011 **150.00



2. New Mailing Address 3490 MOCERI COURT		4. State/Country of Formation FL	
City, State, Zip ROCHASTER HILLS MICHIGAN 48306		5. Date Organized or Qualified To Do Business in Florida 10/17/2001	
Principal Place of Business 4411 RIVERWATCH DR #201 BONITA SPRINGS FL 34134	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 38-3637566	Applied For Not Applicable
8. Name and Address of Current Registered Agent FLOOD, PETER T 125 N AIRPORT RD SUITE 202 NAPLES FL 34104		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 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 <i>[Signature]</i> Date 12-27-02 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
MGR	MICHAEL RAMOS	3490 MOCERI CT.	ROCHASTER MI 48306
MGR	MARCIA RAMOS	3490 MOCERI CT.	ROCHASTER MI 48306

REINSTATEMENT *02*

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 **12/27/02** Daytime Phone # **(248) 475-1147**

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)