

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 29 PM 5:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L01000018112

Name and Mailing Address

0017331 01 FP 0.352 **PRSR T3 0 0615 33020

MACANNA MANAGEMENT, LLC
2001 PEMBROKE PINES RD
HOLLYWOOD FL 33020



10/29 2003

2. New Mailing Address		4. State/County of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/22/2001	
Principal Place of Business 2001 PEMBROKE PINES RD HOLLYWOOD FL 33020	3. New Principal Place of Business Address	6. FEI Number 65-1145568	Applied For Not Applicable
City, State, Zip		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		9. Name and Address of New Registered Agent	
SPIEGEL & UTRERA, P.A. 10636 BUTTONWOOD LAKE DR BOCA RATON FL 33498		Name FRANK PARASCONDOLA	
		Street Address (P.O. Box Number is Not Acceptable) 2001- PEMBROKE RD	
		City HOLLYWOOD FL Zip Code 33020	

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 *Frank Parascondola* Date 10/17/03

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
MGR	PARASCONDOLA, FRANK	10636 BUTTONWOOD LAKE DRIVE	BOCA RATON FL 33498

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10/29/03--01001--007 **150.00

REINSTATEMENT 2003

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 in 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 *Frank Parascondola* Date 10/17/03 Daytime Phone # 954-923-6550

Typed or printed name of signing Managing Member/Manager _____

CR2E084 (7/03)