

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000018351

1. DOCUMENT # L01000018351
Name and Mailing Address

0001515 01 FP 0.352 **PRSRT T5 0 0615 33064-274941
CAROL LAWRENCE GALLERIES, LLC
641 NW 38TH PLACE
POMPANO BEACH FL 33064-2749

400011194334
01/23/03--01100--001 **205.00



REINSTATEMENT 2002-2003

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 641 NW 38TH PLACE POMPANO BEACH FL 33064		5. Date Organized or Qualified To Do Business in Florida 10/22/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 331005775	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent ROSS-BLACK, CAROL 641 NW 38TH PLACE POMPANO BEACH FL 33064		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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: *Carol Ross* Date: 01/27/03
REGISTERED AGENT MUST SIGN

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
CEO	DR CAROL ANN ROSS	641 NW 38th Pl Pompano Beach	Pompano Beach FL 33064

REINSTATEMENT 2002-2003

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 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: *Carol Ross* Date: 01/27/03 Daytime Phone: 954 788 7518
Typed or printed name of signing Managing Member/Manager: DR CAROL ANN ROSS

CR2E084 (8/02)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JAN 29 PM 4:03
FL

1/30