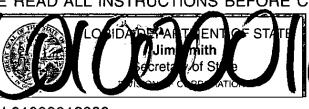
APPLICATION FOR REINSTATEMEN



1. DOCUMENT # L01000018393

Name and Mailing Address

SECRETARY OF STATE TALLAHASSEE FLORIDA

HLM

0003507 01 FP 0,352 **PRSRT T1 0 0615 33324-655228 \$nHmHmHmHmhHmhHmhHmhHmHmHmHmHmH SERAFANO ENTERPRISES, L.L.C. 420 NW 87 DRIVE #103 **PLANTATION FL 33324-6552**

800009085928 11/19/02--01083--006 **150.00

			11119	2000	<u> </u>
2. New Mailing Address City, State, Zip			4. State/Country of Formation FL 5. Date Organized or Qualified To Do Business in Florida 10/24/2001		
PLANTATION FL 33324	City, State, Zip	7	CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Cu	9.	9. Name and Address of New Registered Agent			
OFDAFANO JOSEPIJ LIJI	Name	Name			
SERAFANO, JOSEPH J III 420 NW 87 DRIVE #103 PLANTATION FL 33324		Street Address (P.O. Box Number is Not Acceptable)			
		City FL Zip Code			
Signature of Registered Agent II. Names and Street Addresses of Each Mar	REGISTERED AGENT MUST SIGN		Date	161-02	
Name of Managi	Name of Managing Street Address of E Members/Managers Managing Member/M				
Project Ju Serafan	1.2 - Al/o	187+2 D- 311	03 Plant	ation, FL	33394
		· · · · · · · · · · · · · · · · · · ·			
1	I I		ſ		

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.

Managing Member/Manager

Date 11-15-00 Daytime Phone # 954-274-905

CR2E084 (8/02)