

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS
02 NOV 19 AM 10:17
001000018393

1. DOCUMENT # L01000018393

Name and Mailing Address

0003507 01 FP 0,352 **PRSRT T1 0 0615 33324-655228



SERAFANO ENTERPRISES, L.L.C.
420 NW 87 DRIVE #103
PLANTATION FL 33324-6552

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

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



11/19 2002

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		6. FEI Number 65-1153660	
Principal Place of Business 420 NW 87 DRIVE #103 PLANTATION FL 33324		Applied For Not Applicable	
3. New Principal Place of Business Address 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 SERAFANO, JOSEPH J III 420 NW 87 DRIVE #103 PLANTATION FL 33324	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 [Signature] Date 11-1-02

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
President	Ja Serafano	420 NW 87th Dr #103	Plantation, FL 33324

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 11-15-02 Daytime Phone # 954-274-9057

Typed or printed name of signing Managing Member/Manager Ja Serafano

CR2E084 (8/02)