

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
VISION FOR FLORIDA

REINSTATEMENT  
CORPORATIONS

1. DOCUMENT # L01000018402

Name and Mailing Address

0009896 01 FP 0.352 \*\*PRSRT H5 0 0615 33180-283961  
INCOME PROPERTIES INVESTORS, L.L.C.  
18861 BISCAYNE BLVD.  
SUITE 13  
NORTH MIAMI FL 33180-2839



REINSTATEMENT 2002-2003

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 18861 BISCAYNE BLVD. SUITE 13 NORTH MIAMI FL 33180		3. Date Organized or Qualified To Do Business in Florida 10/24/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number X 41203 1242 Applied For Not Applicable	
		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 MARTINEZ-CID, RICARDO ESQ. 1699 CORAL WAY, SUITE 510 MIAMI FL 33145		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 Date 1/19/03

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	KAMHAJI, JACOB	18861 BISCAYNE BLVD. SUITE 13 2875 NE 191 ST # 501	NORTH MIAMI FL 33180 MIAMI FL 33180
			500009688625 12/26/02--01030--002 **150.00
			500009688625 03/18/03--01054--008 **50.00
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 Date 12/23/02 Daytime Phone # 786-258 3975

Typed or printed name of signing Managing Member/Manager MANAGER