


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 DEC 18 AM 9:47  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000018528  
 Name and Mailing Address

0001028 01 AV 0.27B \*\*AUTO H5 0 0615 33431-640105  
 PHY, LLC  
 950 GLADES ROAD  
 SUITE 5  
 BOCA RATON FL 33431-6401



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Quantified To Do Business in Florida 10/26/2001	
Principal Place of Business 950 GLADES ROAD SUITE 5 BOCA RATON FL 33431	3. New Principal Place of Business Address	6. FEI Number 65-1148496	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 GRAHAM, PATRICK V 950 GLADES ROAD BOCA RATON FL 33431	9. Name and Address of New Registered Agent Name <u>Phyllis C. GRAHAM</u> Street Address (P.O. Box/Number Not Acceptable) <u>950 Glades Road 5th Fl</u> City <u>BOCA RATON</u> FL Zip Code <u>33431</u>
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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 Phyllis C. Graham **SIGNATURE REQUIRED** Date 12/12/03  
 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
V	GRAHAM, PATRICK V	950 GLADES ROAD	BOCA RATON FL 33431
P	GRAHAM, PHYLLIS C	950 GLADES ROAD	BOCA RATON FL 33431
800025600608 12/12/03--01020--008 **150.00			
REINSTATEMENT <u>B</u>			
<u>OR</u>			

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 Phyllis C. Graham Date \_\_\_\_\_ Daytime Phone # (561) 441-5242  
 Typed or printed name of signing Managing Member/Manager PHYLLIS C GRAHAM

CR2E084 (7/03)