



FLORIDA DEPARTMENT OF STATE  
Tallahassee, Florida  
Secretary of State  
DIVISION OF CORPORATIONS

Name and Mailing Address

**XX**

CORAL SPRINGS FL 33067-0010

FILED  
02 OCT 29 AM 8:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. New Mailing Address  City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 5111 NW 57 WAY CORAL SPRINGS FL 33067		5. Date Organized or Qualified To Do Business in Florida 10/31/2001	
3. New Principal Place of Business Address 3020 NE 32nd Ave, #712 City, State, Zip Ft. Lauderdale, FL 33308		6. FEI Number 65-1154374 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  WARE, MARK S 5111 NW 57 WAY CORAL SPRINGS FL 33067		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code	
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 10/25/02 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
MGRM	MARK S. WARE 3020 N.E. 32nd Ave., #712 Ft. Lauderdale, FL 33308		600008671056 10/29/02--01099--013 **150.00
REINSTATEMENT 2002 BK			

CR2E084 (8/02)

**REINSTATEMENT** 2002

ВК

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 \_\_\_\_\_

Daytime Phone #

Typed or printed name of signing Managing Member/Manager