

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

L01000019232

FILED
02 NOV 27 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000019232

Name and Mailing Address

0008662 01 FP 0.352 **PRSRT H7 0 0615 33139-330121



MBW, LLC
1521 ALTON ROAD, SUITE 426
MIAMI BEACH FL 33139-3301



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/07/2001	
Principal Place of Business 1521 ALTON ROAD, SUITE 426 MIAMI BEACH FL 33139	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
8. Name and Address of Current Registered Agent KNOEFLE, BRAD 1521 ALTON ROAD, SUITE 426 MIAMI BEACH FL 33139		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
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 <u>BRAD KNOEFLE /s/</u> Date _____ 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	KNOEFLE, BRAD	1521 ALTON ROAD, SUITE 426	MIAMI BEACH FL 33139
			200009239282 11/27/02--01049--006 **150.00
			REINSTATEMENT 2002 B/K

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

9/30/02

Daytime Phone #

305 531 1897

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)