## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM...

**APPLICATION FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

DIVISION OF CORPORATIONS

1. DOCUMENT # L01000019951

Name and Mailing Address

FILED Secretary of State \

03 NOV -3 AH 8:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA

0007245 01 AT 0.292 \*\*AUTO T7 0 0615 33172-252965 Inflantiantikashiladahladahladidaalladialadid EWE WAREHOUSE INVESTMENTS XV, L.L.C. 10165 N.W. 19TH STREET MIAMI FL 33172-2529



2. New Mailing Address 10165 NW 19 STREET				State/Country of Formation     FL			
City, State, Zip  MIAMI, FLORIDA 33172			5. Date Organized or Qualified To Do Business in Florida 11/19/2001				
Principal Place of Business 10165 N.W. 19TH STREET MIAMI FL 33172	3. New Principal Place of Busine 10165_NW_19_STREET City, State, Zip MIAMI, FLORIDA 3		65			Applied For Not Applicable Additional Fee requires Certificate of Status	
8. Name and Address of Current Registered Agent			Name and Address of New Registered Agent				
EASTON, EDWARD W 10165 NW 19 STREET MIAMI FL 33172		Name Street Addre	ess (P.O. Box Numb	er is Not Accept	table)	Zip Code	
Registered Agent	REGISTERED AGENT MUST SIGN		and accept the obli	gations of Chapte	, , , , , , ,		
11. Names and Street Addresses of Each Mana  Name of Managing	<del></del>	eet Address of Ea	ach				
Members/Managers		Managing Member/Manager		City / State / Zip			
Exercise, Edition	10165 NW 18	· onet	901			9	
		but und ou ou of (a)	11/03/0	00243 1301003- 57개	-026 **	155.00	
12. I certify that I am managing member/manage filing this reinstatement application the reason all fees owed by the limited liability company I as if made under oath.	or or the receiver or trustee empowered for dissolution has been eliminated, the	to execute this a	pplication as provid	ed for in chapter	ts of section 60	8 406 ES and that	

Edward W.AEaston McGuined Signature of

Managing Member/Manage

Typed or printed name of signing Managing Member/Manager

Date \_10/28/2003 Daytime Phone # (305) 593-2222