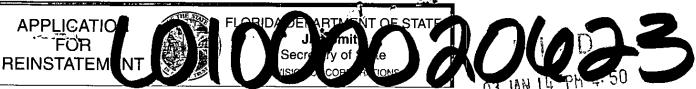
Signature of

Managing Member/Manager

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



1. DOCUMENT # L01000020623

Name and Mailing Address

SECRETARY DESTATE TALLAHASSEE FLORIDA

Daytime Phone #

MJH

New Mailing Address	4. State/Country of Formation FL 5. Date Organized or Qualified To Do Business in Florida 11/30/2001					
City, State, Zip						
incipal Place of Business 3200 OCEAN NORTH DRIVE	3. New Principal Place	3. New Principal Place of Business Address		6. FEI Number		
UNIT 2210 FT. LAUDERDALE FL 32308 US	City, State, Zip	City, State, Zip		Not Applicab CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee requirements for a Certificate of Status.		
8. Name and Address of Curre	ent Registered Agent		9. Name and Add	dress of New Registered	Agent	
C T CORPORATION SYSTEM 1200 SOUTH PRICE ISLAND ROAD PLANTATION FL 33324			Street Address (P.O. Box Number is Not Acceptable)			
		City	-	FL	Zip Code	
Names and Street Addresses of Each Manag		1 SIGN				
	Name of Managing Street Ac		Address of Each g Member/Manager City / 5		e / Zip	
Pet LARRY SO	10HOW 32	00 N. Oct 2210 €		ST LAUDE	3330g RDALE	
MOSHE BA	UGRY 160		Isiside_	TOMPANO		
		, ,	11000	1059/26411		
			<u>4000</u> 12/19/02	-01042-001	r#150.00	
					l	

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 filling this reinstatement application the reason for dissplittion 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 faid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.