

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000020878

APPLICATION FOR REINSTATEMENT



Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

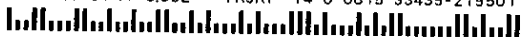
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000020878

Name and Mailing Address

0004417 01 FP 0.352 **PRSRT T4 0 0615 33435-219501



ABERBACH, ZOLIN & CO. LLC
2601 N.E. 3RD CT., APT. 401
BOYNTON BEACH FL 33435-2195

000010047870

01/13/03--01034--031 **200.00



| 2. New Mailing Address | | 4. State/Country of Formation | |
|---|-----------------------------------|--|-----------------------|
| City, State, Zip | | FL | |
| Principal Place of Business | | 5. Date Organized or Qualified To Do Business in Florida | |
| 2601 N.E. 3RD CT., APT. 401 BOYNTON BEACH FL 33435 | | 12/04/2001 | |
| 3. New Principal Place of Business Address | | 6. FEI Number | |
| 7981 MONARCH CT. City, State, Zip DELRAY BEACH FL 33446 | | 16. 0010466 | |
| 8. Name and Address of Current Registered Agent | | 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |
| ZOLIN, HOWARD 2601 N.E. 3RD CT., APT. 401 BOYNTON BEACH FL 33435 | | | |
| 9. Name and Address of New Registered Agent | | | |
| Name: HOWARD ZOLIN | | | |
| Street Address (P.O. Box Number is Not Acceptable): 7981 MONARCH COURT. | | | |
| City: DELRAY BEACH | | FL Zip Code: 33446 | |
| 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: [Signature] | | Date: 1/10/03 | |
| 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 |
| MEM | HOWARD ZOLIN | 7981 MONARCH CT. | DELRAY BEACH FL 33446 |
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REINSTATEMENT 2002

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: 1/10/03 Daytime Phone: 131-865-9705

Typed or printed name of signing Managing Member/Manager

CR2034 (8/02)