


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 DEC 26 PM 3:59

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000020942
 Name and Mailing Address

0017405 01 FP 0.352 **PRSR T4 0 0615 33139
 444 DILIDO, LLC
 444 DILIDO DR.
 MIAMI BEACH FL 33139

Please mail return in care of registered agent.



2. New Mailing Address 444 W. Dilido Dr.		4. State/Country of Formation FL	
City, State, Zip Miami Beach, FLA 33139		5. Date Organized or Qualified To Do Business in Florida 12/05/2001	
Principal Place of Business 444 DILIDO DR. MIAMI BEACH FL 33139	3. New Principal Place of Business Address City, State, Zip		6. FEI Number 02-0550008
		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 SHLACHTMAN, S. MICHAEL 13135 SW 107 ST. MIAMI FL 33186		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 REQUIRED** 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	ATLIN, NEIL DR.	3030 MC KINNEY AVE. #2104	DALLAS TX 75204

200025771727
 12/26/03--01039--009 **150.00

ALY REINSTATEMENT 03

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 REQUIRED** Date **12/12/03** Daytime Phone # **214-220-2079**
Neil J. Atlin
972-488-8926

CR2E0B4 (7/03)