

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Division of Corporations
with
Secretary of State

1. DOCUMENT # L01000020956

Name and Mailing Address

0004589 01 FP 0,352 **PRSR T4 0 0615 33460-504121



2272 OKEECHOBEE BOULEVARD, LLC
821 SOUTH DIXIE
LAKE WORTH FL 33460-5041

03 JAN 14 PM 4:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

000010065680
01/14/03--01012--024 **50.00



1/14 2002-2003

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 821 SOUTH DIXIE LAKE WORTH FL 33460		5. Date Organized or Qualified To Do Business in Florida 11/30/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 90-003048	
		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 RICHARDSON, KEVIN F ESQUIRE CLYATT & RICHARDSON, P.A. 1551 FORUM PLACE, SUITE 300-F WEST PALM BEACH FL 33401		9. Name and Address of New Registered Agent Name MICHAEL J. MCGOEY, C.P.A. Street Address (P.O. Box Number is Not Acceptable) 639 East Ocean Ave., Suite 101 Boynton Beach, Florida 33435 (561) 734-8599 • Fax: 734-8544 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] Date 1/10/03

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	FRANGISKAKIS, PETER	2693 STARWOOD COURT	WEST PALM BEACH FL 33406
MGRM	FRANGISKAKIS, SPIRO	2693 STARWOOD COURT	WEST PALM BEACH FL 33406
000010065680 01/14/03--01012--025 **150.00			

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 _____ Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____