

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

1. DOCUMENT # L01000020981

Name and Mailing Address

2004 MAY 11 A 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0005422 01 AT 0.292 **AUTO T2 1 0615 33069-445306



APS LTD. CO.
2112 SOUTH CYPRESS BEND DR., STE. 406
POMPANO BEACH FL 33069-4453



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/05/2001	
Principal Place of Business 2112 SOUTH CYPRESS BEND DR., POMPANO BEACH FL 33069	3. New Principal Place of Business Address STE. 406 City, State, Zip	6. FEI Number 04-3587689	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent ASNES, RONALD S 400 SW BOCA RATON BLVD., STE. 202 BOCA RATON FL 33432	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 *P. [Signature]* **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	SARCOMO, ARMAND P	2112 CYPRESS BEND DR. SOUTH SUITE 406	POMPANO BEACH FL

700037044457
05/24/04--01074--003 **205.00

REINSTATEMENT 03-04-cus
dec

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]* **SIGNATURE REQUIRED** Date 4/30/04 Daytime Phone # 954-658-4216

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)