

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FOR

SECRETARY OF STATE

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 FEB 27 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000021028

Name and Mailing Address

0003623 01 FP 0.352 **PRSR T1 0 0615 33327-200226

FLORIDA AV, LLC

1526 CARDINAL WAY

WESTON FL 33327-2002



| 2. New Mailing Address 15970 W ST. ROAD 84 City, State, Zip SUNRISE, FL 33326 | | 4. State/Country of Formation FL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-----------------------------------|---|-------------------------------|----------|-----------------------------------|--|--------------------|------|-----------------|-------------------|------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Principal Place of Business 1526 CARDINAL WAY WESTON FL 33327 | | 5. Date Organized or Qualified To Do Business in Florida 12/06/2001 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. New Principal Place of Business Address 15970 W STATE ROAD 84 City, State, Zip SUNRISE, FL 33326 | | 6. FEI Number 65-1159093 | Applied For Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Name and Address of Current Registered Agent HAGEN & HAGEN, P.A. 3531 GRIFFIN ROAD FT. LAUDERDALE FL 33312 | | 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Name and Address of New Registered Agent Name: WILMER ARELLANO Street Address (P.O. Box Number is Not Acceptable) 15970 W STATE ROAD 84 City: SUNRISE FL Zip Code: 33326 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: <i>Wilmer Arellano</i> Date: 02/01/2003 REGISTERED AGENT MUST SIGN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. Names and Street Addresses of Each Managing Member/Manager <table border="1"> <thead> <tr> <th>Title(s)</th> <th>Name of Managing Members/Managers</th> <th>Street Address of Each Managing Member/Manager</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td>WILMER ARELLANO</td> <td>1526 CARDINAL WAY</td> <td>WESTON, FL 33327</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | Title(s) | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip | MGRM | WILMER ARELLANO | 1526 CARDINAL WAY | WESTON, FL 33327 | | | | | | | | | | | | | | | | | | | | |
| Title(s) | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MGRM | WILMER ARELLANO | 1526 CARDINAL WAY | WESTON, FL 33327 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

800011878738
02/05/03--01034--016 **205.00

REINSTATEMENT
2002-2003

JB

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: *Wilmer Arellano* Date: 02/01/2003 Daytime Phone #: 954 274 5979

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)