PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

DIVISION OF CORPORATIONS

1. DOCUMENT # L01000021175

Typed or printed name of signing Managing Member/Manager

Name and Mailing Address

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DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

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2. New Mailing Address				State/Country of Formation FL		
City, State, Zip				5, Date Organized or Qualified To Do Business in Florida 12/07/2001		
150	ace of Business 0 WORTH AVENUE	3. New Principal Place of Business Address		6. FEI Number Applied For 65-1158588 Not Applicable		
SUITE 113 PALM BEACH FL 33480		City, State, Zip		7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent				Name and Address of New Registered Agent		
GRAZI, LEIF J			Name			
217	7 EAST OCEAN BLVD. UART FL 34994		Street Address (P.O. Box Numb		er is Not Acceptable)	
310AR1 FE 34994						
			City FL Zip Code			
10. I, being appointed the resistence agost of the bove named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Date REGISTERED AGENT MUST SIGN						
11. Names and Street Addresses of Each Managing Member/Manager						
Title(s)	Name of Managing Stre		t Address of Each g Member/Manager City / State / Zip		te / Zip	
MGRM	GOODKIN, PAUL 718 NEW JER		SEY ST		WEST PALM BEACH FL 33401	
				142		
					,	
:		:				,
			REINST	ATEW	ENT 2003	
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 ination indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oat:						
Signature of Managing Member/Manage / DECIRED Date /2/2 5/03 Daytime Phone # Sol-USI-7272						