

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF  
CORPORATIONS  
Secretary of State  
DIVISION OF CORPORATIONS

L02000000750

FILED

2003 OCT 23 PM 4: 22

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000000750

Name and Mailing Address

0008827 01 AT 0.292 \*\*AUTO T2 0 0615 33326-504197



USTYLEIT| PROPERTIES, LLC  
15797 SW 20TH STREET  
DAVIE FL 33326-5041



US

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 01/09/2002	
Principal Place of Business 15797 SW 20TH STREET DAVIE FL 33326 US	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	Applied For <input checked="" type="checkbox"/> 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 MARTIN, HORACE C 15797 SW 20TH STREET DAVIE FL 33326	9. Name and Address of New Registered Agent Name HOPE E. DOYLES- MARTIN Street Address (P.O. Box Number is Not Acceptable) 15797 S.W. 20 <sup>th</sup> Street City Davie FL Zip Code 33326
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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 *Hope E. Doyles-Martin* Date 10/18/03

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	DOYLES, HOPE E	15797 SW 20TH ST	DAVIE FL 33326
MGRM	MARTIN, HORACE C	15797 SW 20TH ST	DAVIE FL 33326
300024423893 11/04/03 01066-035 **155.00			
REINSTATEMENT 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 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 *Hope E. Doyles-Martin* Date 10/18/03 Daytime Phone # (954) 661-8394  
OR (954) 873-5330

Typed or printed name of signing Managing Member/Manager