

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 OCT 23 PM 2:10

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000003919

Name and Mailing Address

0007664 01 AT 0.292 **AUTO T9 0 0615 33180-403703



MA 183, L.C.
21150 POINT PLACE
APT. 1203
AVENTURA FL 33180-4037



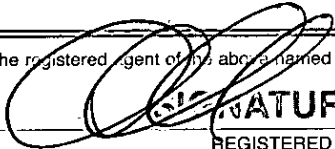
US

CR2E034 (7/03)

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 02/19/2002	
Principal Place of Business 21150 POINT PLACE APT. 1203 AVENTURA FL 33180 US	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	Applied For Not Applicable
		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 LEOPOLD, KORN & LEOPOLD, P.A. 20801 BISCAYNE BOULEVARD SUITE 501 AVENTURA FL 33180	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 000024028570 10/23/03--01010--010 **150.00 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.

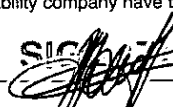
Signature of Registered Agent  **SIGNATURE REQUIRED** Date 10/20/2003
REGISTERED AGENT MUST SIGN

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
MGR	AQUATE, MICHAEL	21150 POINT PLACE, APT. 1203	AVENTURA FL 33180

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  **SIGNATURE REQUIRED** Date 10-20-03 Daytime Phone # 1-305-776-2308