

APPLICATION
FOR
RENEWAL

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

[illegible]

CB2ENR4 (7/03)

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

~~SECRET~~ REQUIRED

Date 10-20-03 Daytime Phone # 13057762308