

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
L02000004372  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
03 OCT 24 PM 1:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000004372  
Name and Mailing Address

0006355 01 AT 0.292 \*\*AUTO T5 0 0615 33143-57775  
MIAMI GARDENS DRIVE, L.L.C.  
1541 SUNSET DRIVE SUITE 300  
C/O GERALD M. HIGIER  
CORAL GABLES FL 33143-5777



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 02/22/2002	
Principal Place of Business 1541 SUNSET DRIVE SUITE 300 C/O GERALD M. HIGIER CORAL GABLES FL 33143	3. New Principal Place of Business Address		6. FEI Number
	City, State, Zip		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		9. Name and Address of New Registered Agent	
HIGIER, GERALD M 1541 SUNSET DRIVE SUITE 300 CORAL GABLES FL 33143		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		100024059411	
		10/24/03--01012--008 **150.00	
		City	FL Zip Code

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: *Gerald M. Higier* REGISTERED AGENT MUST SIGN Date: 10/16/03

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	HIGIER, GERALD M	1541 SUNSET DRIVE SUITE 300	CORAL GABLES FL 33143

REINSTATEMENT 03  
[Signature]

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: *Gerald M. Higier* Date: 10/16/03 Daytime Phone #: 305-666-2140  
Typed or printed name of signing Managing Member/Manager: Gerald M. Higier

CR2E084 (7/03)