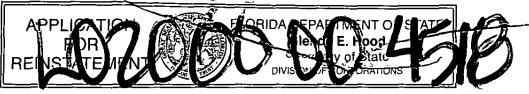
PLEASE READ ALBINSTRUCTIONS BEFORE COMPLETING THIS FORM.



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Name and Mailing Address

0006234 01 AT 0.292 **AUTO T4 0 0615 33140-361504 haller Horallele III om Hellere Helellere freiher 920 MYSTIC POINT L.L.C. 4101 PINETREE DR. #1204 MIAMI BEACH FL 33140-3615

SECRETARY OF STATE

New Mailing Address State/Country of Formation FL Date Organized or Qualified To Do Business in Florida 02/25/2002 33140 Principal Place of Business 3. New Principal Place of Business Address FEI Number Applied For 4101 PINETREE DR. #1204 30-017 Not Applicable MIAMI BEACH FL 33140 City, State, Zip \$5.00 Additional Fee required CERTIFICATE OF STATUS DESIRED for a Certificate of Status 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent JUDITH HERMAN KLEIN, THEODORE J ESQ. 88 N.E. 168TH ST. NORTH MIAMI BEACH FL 33162 32140 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 11. Names and Street Addresses of Each Managing Member/Manager Name of Managing Street Address of Each Title(s) City / State / Zip Members/Managers Managing Member/Manager 4101 PINETREE DR. #1204 MIAMI BEACH FL 33140 MGR GASPAR, EVELYN 900024185169 1977:37113:571100:5511 REMSTATEMENT 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

Signature of Managing Member/Manage

Typed or printed name of signing Managing Member/Manager

Date 10/22/03 Daytime Phone # 954-650-0379