

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jeffrey E. Hood

Secretary of State

DIVISION OF CORPORATIONS

L02000004518

APPROVED
AND
FILED

1. DOCUMENT # L02000004518

Name and Mailing Address

0006234 01 AT 0.292 **AUTO T4 0 0615 33140-361504

920 MYSTIC POINT L.L.C.
4101 PINETREE DR. #1204
MIAMI BEACH FL 33140-3615

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



2003

2. New Mailing Address 4550 N Bay Rd City, State, Zip Miami Beach, FL 33140		4. State/Country of Formation FL	
Principal Place of Business 4101 PINETREE DR. #1204 MIAMI BEACH FL 33140		5. Date Organized or Qualified To Do Business in Florida 02/25/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 30-0174469	
		Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent KLEIN, THEODORE J ESQ. 88 N.E. 168TH ST. NORTH MIAMI BEACH FL 33162		9. Name and Address of New Registered Agent Name JUDITH HELMAN Street Address (P.O. Box Number is Not Acceptable) 4550 N Bay Rd Miami Beach, FL 33140 City FL Zip Code 33140	
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 10/22/03 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
MGR	GASPAR, EVELYN	4101 PINETREE DR. #1204	MIAMI BEACH FL 33140
900024185169 10/28/03--01008--001 **150.00			
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

SIGNATURE REQUIRED

Date **10/22/03**

Daytime Phone # **954-650-0379**

Typed or printed name of signing Managing Member/Manager