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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000005472

Name and Mailing Address

0005972 01 AT 0.292 **AUTO T4 0 0615 33133-474175

MRS DEVELOPMENT LLC
3225 AVIATION AVE., STE. 700
MIAMI FL 33133-4741

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 03/07/2002	
Principal Place of Business 3225 AVIATION AVE., STE. 700 MIAMI FL 33133	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 04-3634912	Applied For Not Applicable
8. Name and Address of Current Registered Agent MARCUS, STEWART 3225 AVIATION AVE., STE. 700 MIAMI FL 33133		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 <i>Stewart Marcus</i> Date 10/28/03 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	Randy E. Rieger	3225 Aviation Avenue Suite 700	Coconut Grove, Florida 33133
MGR	Stewart I. Marcus	3225 Aviation Avenue Suite 700	Coconut Grove, Florida 33133
MGR	Wallace L. Scruggs, Jr.	3225 Aviation Avenue Suite 700	Coconut Grove, Florida 33133
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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 <i>Stewart Marcus</i> Date 10/28/03 Daytime Phone # 305-860-8188 Typed or printed name of signing Managing Member/Manager Stewart Marcus			

CR2E084 (7/03)