

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

2003 DEC 24 AM 8:15

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000005568

Name and Mailing Address

0000356 01 AV 0,278 \*\*AUTO H2 1 0615 33131-160615  
BOSPHORUS INVESTMENT PARTNERS, LLC  
25 SOUTHEAST 2 AVE. SUITE 1240  
MIAMI FL 33131-1606



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 03/08/2002	
Principal Place of Business 25 SOUTHEAST 2 AVE. SUITE 1240 MIAMI FL 33131	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 01-0626131	Applied For Not Applicable
8. Name and Address of Current Registered Agent GRAY, DAVID 25 SOUTHEAST 2 AVE. SUITE 1240 MIAMI FL 33131		7. CERTIFICATE OF STATUS DESIRED <input checked="" 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
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 <b>SIGNATURE REQUIRED</b> Date 12/18/03 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
MEM	DAVID GRAY	25 SE 2ND AVE SUITE 1240	MIAMI, FLORIDA 33131
			000025757690 12/24/03--01049--009 **155.00
<b>REINSTATEMENT</b> 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 <b>SIGNATURE REQUIRED</b>		Date 12/18/03	Daytime Phone # 305 329-2993
Typed or printed name of signing Managing Member/Manager		DAVID GRAY	

CR2E084 (7/03)