## 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 SECRETARY OF STATE DIVISION OF CORPORATIONS

03 DEC 31 PM 5: 56

1. DOCUMENT # L02000005993

Name and Maiting Address



							<del></del> 7;	
2. New milling Address 6404 Polo Pointe Way					4. State/Country of Formation  FL			
Delvay Beach F1 33484				5; Date Organized or Quantied To Do Business in Florida 03/13/2002				
Principal Place of Mainess 7188 SAN SEBASTIAN DR. BOCA RATON FL 33433		New Principal Place of Business Address		6. FEI Number			Applied For Not Applicable	
		City, State, Zip		7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status				
<del></del>	8. Name and Address of Current	Registered Agent	Name and Address of New Registered Agent					
749	ORDON, SARAH 90 MARTINIQUE BLVD. CA RATON FL 33433	Name Street Co HC		FL Zip Code				
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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 of Registered Agent Registered Registered Agent Registered Regist								
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			
MGRM	GORDON, SARAH	7490 MARTIN	7490_MARTINIQUE-BLVD.		BOCA RATUN FL 73433			
		6404 Po	o Pointe	Way	Delvay	Bead	FI 33484	
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				NSTA	<b>CONTRACTION AND I</b>	<u> </u>	3	
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/Manage  Date  Dat								

Typed or printed name of signing Managing Member/Manager