PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

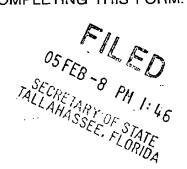
Secretary of State

DIVISION OF CORPORATIONS

1. DOCUMENT #

L02000006077

Name and Mailing Address



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2. New Mailing Address			State/Country of Formation FL		
City, State, Zip			Date Organized or Qualifled To Do Business in Florida	03/14/2002	
Principal Place of Business 528 RIVERA ISLE FT. LAUDERDALE FL 33301	New Principal Place of Business Address .		6. FEI Number	Applied For	
			Not Applicable		
	City, State, Zip		7. CERTIFICATE OF STATUS DESIRED	5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			Name and Address of New Registered Agent		
PEARSON, NINA 528 RIVERA ISLE FT. LAUDERDALE FL 33301		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
					City

10. I, being appointed the registered agent of the above flamed limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Dale 2-8-05 Registered Agent earoon REGISTERED AGENT MUST SIGN 11. Names and Street Addresses of Each Managing Member/Manager Name of Managing Members/Managers Street Address of Each Title(s) City / State / Zip Managing Member/Manager MARAM PEARSON, NINA 52B RIVERA ISLE FT. LAUDERDALE FL 33301 400046928994

FEINSTATEMENT 2003-2

12. I certify that I am managing member/manager or the receiver of trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling 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 less 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 Jeans Date

Date 2-8-05 Daylime Phone # 954-467-8089