

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 NOV 10 AM 10:53

1. DOCUMENT # L02000006343  
Name and Mailing Address

0004914 01 AT 0,292 \*\*AUTO TO 0 0615 33027-224901  
CARYON GROUP LLC  
1101 SW 158TH AVE.  
PEMBROKE PINES FL 33027-2249



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 03/18/2002	
Principal Place of Business 1101 SW 158TH AVE. PEMBROKE PINES FL 33027		3. New Principal Place of Business Address	6. FEI Number 04-3636117
City, State, Zip		Applied For Not Applicable	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent YOUNG, DIAHANN 1101 SW 158TH AVE. PEMBROKE PINES FL 33027		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable) 900024569129	
		11/10/03--01086--017 **150.00	
		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 SIGNATURE REQUIRED Date 11/6/03  
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
MGRM	YOUNG, DIAHANN	1101 SW 158TH AVE.	PEMBROKE PINES FL 33027
MGRM	WHITE, RYAN	3940 INVERRARY BLVD. #703A	LAUDERHILL FL 33318
MGRM	WHITE, KEVIN	1348 SW 119 AVE.	PEMBROKE PINES FL 33025
MGRM	YOUNG, KEVIN	1101 SW 158TH AVE.	PEMBROKE PINES FL 33027
MGRM	WHITE, CARROL	3940 INVERRARY BLVD. #703A	LAUDERHILL FL 33318

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 11/6/03 Daytime Phone # 954 600 8857  
Typed or printed name of signing Managing Member/Manager DIAHANN YOUNG

CR2E084 (7/03)