

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L02000008951

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -1 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000008951

Name and Mailing Address

0009008 01 AT 0.292 **AUTO H3 0 0615 33331-361599

CORAL SPRINGS PROFESSIONAL CAMPUS, LLC
C/O ROSEN, KREILING & EICHNER
2500 WESTON ROAD
WESTON FL 33331-3615



CR2E084 (7/03)

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/15/2002	
Principal Place of Business C/O ROSEN, KREILING & EICHNER 2500 WESTON ROAD WESTON FL 33331-3617	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 043-65-2132	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 ROSEN, HARRY ESQ C/O ROSEN, KREILING & EICHNER 2500 WESTON ROAD WESTON FL 33331-3617		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>[Signature]</i> SIGNATURE REQUIRED Date _____ 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	INTERCONTINENTAL INVESTMENTS, LLC	2500 WESTON ROAD	WESTON FL 33331-3617
<p>900025130199 12/01/03 01089-013 **150.00</p> <p>REINSTATEMENT <i>2003</i></p>			

12. I certify that I am managing member/manager, 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

11/12/03

Daytime Phone #

954-453-1275

Typed or printed name of signing Managing Member/Manager