

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

03 NOV -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000010362

Name and Mailing Address

0012208 01 AT 0.292 **AUTO T5 0 0615 33432-382715
BURN, LLC
115 WEST PALMETTO PARK ROAD
BOCA RATON FL 33432-3827



US

2. New Mailing Address 2135 NE 2nd Drive		4. State/Country of Formation FL	
City, State, Zip Boca Raton FL 33431		5. Date Organized or Qualified To Do Business in Florida 05/01/2002	
Principal Place of Business 115 WEST PALMETTO PARK ROAD BOCA RATON FL 33432 US	3. New Principal Place of Business Address 2135 NE 2nd Dr.	6. FEI Number	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
City, State, Zip Boca Raton, FL 33431		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 LERRO, VICTOR 2600 N. MILITARY TRAIL SUITE 230 BOCA RATON FL 33431		9. Name and Address of New Registered Agent Name Jason Neitzel Street Address (P.O. Box Number is Not Acceptable) 2135 NE 2nd Drive 115 West Palmetto Park Rd City Boca Raton FL Zip Code 33431	
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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

REGISTERED AGENT MUST SIGN

Date **10/31/03**

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
Vice President	Michael Gordon	330 NE 19 Ave #401	Deerfield Beach FL 3344
President	Jason Neitzel	2135 NE 2nd Dr.	Boca Raton FL 33431
<p>100024379281 11/03/03--01058--014 **150.00</p>			

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 included 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

REGISTERED AGENT MUST SIGN

Date **10/31/03**

Daytime Phone # **561-305-0009**

Typed or printed name of signing Managing Member/Manager

Jason Neitzel Michael Gordon