

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L02000010636

1. DOCUMENT # L02000010636
Name and Mailing Address

03 DEC 16 PM 1:00
12/29

0017453 01 FP 0.352 **PRSRT T4 0 0615 33179

FOUR STAR MOBILE HOMES, L.L.C.
C/O ABRAHAM KRAMER 570 NE 199 TERRACE
MIAMI FL 33179



REINSTATEMENT 2003

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 05/03/2002	
Principal Place of Business C/O ABRAHAM KRAMER 570 NE 199 TERRACE MIAMI FL 33179	3. New Principal Place of Business Address 199 TERRACE City, State, Zip	6. FEI Number 02-0676681	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 KRAMER, ABRAHAM 570 N.E. 199 TERRACE MIAMI FL 33179	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 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	KRAMER, ABRAHAM	570 N.E. 199 TERRACE	MIAMI FL 33179
MGRM	KRAMER, ALVIN	570 N.E. 199 TERRACE	MIAMI FL 33179
REINSTATEMENT 2003 700025531657 12/16/03--01055--011 **100.00 05/05/03 90686 030 \$50			

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] Date 11/27/03 Daytime Phone # (786)236-8569