

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 # L02000010703

Name and Mailing Address

0006359 01 AT 0.292 \*\*AUTO T5 0 0615 33143-634860



WAGMAN, LLC  
660 DAVIS ROAD  
CORAL GABLES FL 33143-6348



2. New Mailing Address		4. State/Country of Formation FL	
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City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/26/2002	
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Principal Place of Business 660 DAVIS ROAD CORAL GABLES FL 33143	3. New Principal Place of Business Address		6. FEI Number 04-3658191	Applied For Not Applicable
	City, State, Zip		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 WAGMAN, STEPHEN M 660 DAVIS ROAD CORAL GABLES FL 33143		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		400024391524	
		11/03/03--01096--023 ***150.00	
		City	Zip Code
		FL	

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]* REGISTERED AGENT MUST SIGN Date 10/30/03

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
MGR	WAGMAN, STEPHEN M	660 DAVIS ROAD	CORAL GABLES FL 33143

REINSTATEMENT 03  
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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 10/30/03 Daytime Phone # 305-341-2448  
Typed or printed name of signing Managing Member/Manager Stephen M. Wagman

CR2E084 (7/03)