

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 DEC 31 PM 5:55

1. DOCUMENT # L02000011138

Name and Mailing Address

0004879 01 AT 0.292 \*\*AUTO TO 0 0615 33026-455103



WATCHMESELL LLC

10303 LIMA ST

COOPER CITY FL 33026-4551

000025265640  
12/08/03--01003--027 \*\*155.00



US

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 05/08/2002	
Principal Place of Business 10303 LIMA ST COOPER CITY FL 33026 US	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 56231936	Applied For Not Applicable
8. Name and Address of Current Registered Agent SAUSMER, WAYNE M 10303 LIMA ST COOPER CITY FL 33026		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 <u>Wayne M. Sausmer</u> <b>SIGNATURE REQUIRED</b> Date <u>11/6/03</u> 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
Pres	Wayne Sausmer	10303 Lima st, Hollywood	Hollywood, FL 33026
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 <u>Wayne M. Sausmer</u> <b>SIGNATURE REQUIRED</b>		Date <u>12/27/03</u>	Daytime Phone # <u>954 558 0043</u>
Typed or printed name of signing Managing Member/Manager			

REINSTATEMENT

03 Dec