

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2004 MAY 24 AM 8:28

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # L 020000 11309

1. Limited Liability Company's Name

ALAN SONNENBERG, LLC  
5005 S.E. WILLIAMS WAY  
STUART FL

800032981248  
04/16/04--01079--003 \*\*200.00

2. Principal Office Address

5005 SE Williams Way

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

STUART FL

City & State

Zip

Country

34997

USA

Zip

Country

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

30-0077576

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

ALAN SONNENBERG

Street Address (P.O. Box Number is Not Acceptable)

5005 SE WILLIAMS WAY

Suite, Apt. #, Etc.

City

STUART

State

FL

Zip Code

34997

9. 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

Date

5-16-04

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	ALAN SONNENBERG	5005 SE WILLIAMS WAY	STUART FL 34997

**REINSTATEMENT 2003-04**

11. 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

Date

4/14/04

Daytime Phone #

1772 215 3412

Typed or printed name of signing Managing Member/Manager

ALAN SONNENBERG

CR2E041 (10/02)