

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**

2004 JAN -6 PM 1:31

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

600026042096  
01/06/04--01003--031 \*\*155.00

1. **DOCUMENT #** L02000011715

Name and Mailing Address

0004864 01 AT 0.292 \*\*AUTO TO 0 0615 33025-390306  
L.L.O. ITALIANO, LLC  
10106 USA TODAY WAY  
MIRAMAR FL 33025-3903



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 05/14/2002	
Principal Place of Business 10106 USA TODAY WAY MIRAMAR FL 33025	3. New Principal Place of Business Address City, State, Zip	6. FEI Number <b>300091679</b>	Applied For Not Applicable
8. Name and Address of Current Registered Agent  SCHWEITZER, RICHARD 10106 USA TODAY WAY MIRAMAR FL 33025		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
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 <i>Richard Schweitzer</i> <b>REGISTERED AGENT MUST SIGN</b> Date <b>12/30/03</b>			
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	Richard Schweitzer	649 Gayne Blvd.	Hallandale, FL 33009
V.P.	Glinda Schweitzer	649 Gayne Blvd.	Hallandale Bch. FL 33009
Sect	Lauren F. Schweitzer	1638 Dewey St. Apt 204	Hollywood FL 33020
<b>REINSTATEMENT 2003</b>			
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 <i>Richard Schweitzer</i>		Date <b>12/30/03</b>	Daytime Phone # <b>954-447-3636</b>
Typed or printed name of signing Managing Member/Manager <b>RICHARD SCHWEITZER</b>			

CR2E034 (7/03)