

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 MAY 24 PM 4:54

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000012231

Name and Mailing Address

0000219 01 AV 0.278 **AUTO T1 0 0615 33131-366926



IDEA GROUP, LLC
1402 BRICKELL BAY DRIVE
SUITE 501
MIAMI FL 33131-3669



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 05/20/2002	
Principal Place of Business 1402 BRICKELL BAY DRIVE SUITE 501 MIAMI FL 33131	3. New Principal Place of Business Address City, State, Zip	6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		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><i>Susan</i></u> SIGNATURE REQUIRED Date <u>5/19/04</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
MGRM	KATTAN, DANIEL	1402 BRICKELL BAY DRIVE	MIAMI FL 33131
			500037059645 05/24/04--01108--011 **200.00
REINSTATEMENT 2003-04			
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><i>Daniel Kattan</i></u> SIGNATURE REQUIRED Date <u>MAY 12/04</u> Daytime Phone # <u>305 8035956</u> Typed or printed name of signing Managing Member/Manager <u>DANIEL KATTAN</u>			

CR20034 (7/03)