

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

2003 DEC 15 PM 1:39

DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000012372

Name and Mailing Address

0007193 01 AT 0.292 **AUTO T7 0 0615 33169-581820



ITD, LLC
 1020 NW 163RD DRIVE
 MIAMI FL 33169-5818



CR2E034 (7/03)

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 05/15/2002	
Principal Place of Business 1020 NW 163RD DRIVE MIAMI FL 33169	3. New Principal Place of Business Address	6. FEI Number	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		9. Name and Address of New Registered Agent	
VERE TIMOTHY KHAN 16353 NW 13TH STREET PEMBROKE PINES FL 33028		Name	
		Street Address (P.O. Box Number is Not Acceptable) 100025491021	
		12/15/03--01019--021 **150.00	
		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 *[Signature]* **SIGNATURE REQUIRED** Date 11/13/03
 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	VERE TIMOTHY KHAN	16353 NW 13TH STREET	PEMBROKE PINES, FL 33028

REINSTATEMENT 2003

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]* **SIGNATURE REQUIRED** Date 11/13/03 Daytime Phone # (305) 914-3480
 Typed or printed name of signing Managing Member/Manager VERE TIMOTHY KHAN