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SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. DOCUMENT # L020000012780

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2. New Mailing Address 3980 AIRPORT RD Box 4		4. State/Country of Formation FL	
City, State, Zip BOCA RATON FL 33431-6413		5. Date Organized or Qualified To Do Business in Florida 05/23/2002	
Principal Place of Business 1585 SOUTH CONGRESS AVE. DELRAY BEACH FL 33455		6. FEI Number 02-0605539	
3. New Principal Place of Business Address 3980 AIRPORT RD Box 4 City, State, Zip BOCA RATON FL 33431-6413		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 SNEED, RICHARD D JR, ESQ 1905 S. 25TH STREET, SUITE 206 FT. PIERCE FL 34947		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, or sole limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent SIGNATURE REQUIRED Date 1/10/2004 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	HENCKEN, GARY	1585 SOUTH CONGRESS AVE. New Address 3980 Airport Rd Box 4	DELRAY BEACH FL 33455 Boca Raton FL 33431
			500027521655 01/23/04--01053--008 **150.00
			500027521655 02/27/04--01004--001 **50.00
REINSTATEMENT 03-04			
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 SIGNATURE REQUIRED		Date 12-12-03 Daytime Phone # 561-826-9700	
Typed or printed name of signing Managing Member/Manager			