


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Glenda E. Hood</b> Secretary of State DIVISION OF CORPORATIONS
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FILED

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000013566  
 Name and Mailing Address

0000348 01 AV 0,278 \*\*AUTO H2 1 0615 33131-215817



GRAND VULTURE, LC  
 ATTN: FRED K. LICKSTEIN, ESQ.  
 100 SE SECOND STREET, 17TH FLOOR  
 MIAMI FL 33131-2158



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/03/2002	
Principal Place of Business ATTN: FRED K. LICKSTEIN, ESQ. 100 SE SECOND STREET, 17TH FLOOR 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
8. Name and Address of Current Registered Agent LICKSTEIN, FRED K ESQ 100 S.E. 2ND STREET, 17TH FLOOR MIAMI FL 33131		7. CERTIFICATE OF STATUS DESIRED <input 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 <b>FL</b> Zip Code	

CR2E034 (7/03)

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 607, F.S.

Signature of Registered Agent *Fred K. Lickstein* **SIGNATURE REQUIRED** Date 11/10/03  
 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
<i>Gen Mgr</i>	<i>HOWARD B. KATZ</i>		
			400024876314 11/20/03--01025--009 **150.00

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 *Howard B. Katz* **SIGNATURE REQUIRED** Date 10/14/03 Daytime Phone # 305 215 0595

Typed or printed name of signing Managing Member/Manager