

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
General Services
Secretary of State
DIVISION OF CORPORATIONS

LO2000014

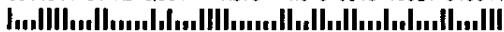
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1. DOCUMENT # L02000014280

Name and Mailing Address

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DAW INVESTMENTS, LLC
24 E. 80TH STREET, #4A
NEW YORK NY 10021-0136



REINSTATEMENT

2. New Mailing Address XXXXXXXXXXXXXXXXXXXX		4. State/Country of Formation FL	
City, State, Zip XXXXXXXXXX		5. Date Organized or Qualified To Do Business in Florida 06/10/2002	
Principal Place of Business 24 E. 80TH STREET, #4A NEW YORK NY 10021	3. New Principal Place of Business Address		6. FEI Number 01-0723020
	City, State, Zip		Applied For 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		9. Name and Address of New Registered Agent	
MCABEE, SYDNEY 200 BAYOU BLVD. PENSACOLA FL 32503		Name <u>SYDNEY McABEE</u> Street Address (P.O. Box is Not Acceptable) <u>5890 A SPANISH TRAIL</u> <u>PENSACOLA</u>	
5890A Spanish Tr. Pensacola, Fl. 32504		FL 32504	


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 12-11-03

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
	XXXXXXXXXXXXXXXXXXXX		500025562935
MANAGER	DAVID WOOLENBERG	24 E 80th STREET #4A NEW YORK, NY 10021	12/17/03--01061--026 **150.00 NEW YORK, NY 10021
MANAGER	SYDNEY MCABEE	5890A SPANISH TRAIL	PENSACOLA, FL 32504
	JULIE WOOLENBERG	24 E 80th ST. #4A	NEW YORK, NY 10021
	REINSTATEMENT 03 DEC		500025562935 02/24/04--01033--034 **50.00

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 11/3/03 Daytime Phone # 212 472 0975

Typed or printed name of signing Managing Member/Manager DAVID WOOLENBERG