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
SECRETARY OF STATE
DIVISION OF COPPORATIONS

04 JAN 29 PM 4: 17

1. DOCUMENT #

L02000014362

Name and Mailing Address

0007641 01 AT 0.292 **AUTO T8 0 0615 33180-344139 tallaallaalladdaaalladabhdadhdbbbabll F N G WEB STRATEGIC DEVELOPMENT, L.L.C. 20505 E. COUNTRY CLUB DR., PENTHOUSE 39 AVENTURA FL 33180-3441



2. New Mailing Address 20441 WE 30th AV. #116				4. State/Country of Formation FL		
City, State, Ziphtura FL . 33180				5. Date Organized of Qualified To Do Business in Florida 06/10/2002		
Principal Place of Business 20505 E. COUNTRY CLUB DR.	cipal Place of Business Address 39		6. FEI Number Applied For Not Applicabl		Applied For Not Applicable	
AVENTURA FL 33180	City, State, Zip	p	4.410.410.	7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent			Name and Address of New Registered Agent			
AMADOR, FERNANDO L 20505 E. COUNTRY CLUB DR., PENTHOUSE 39 AVENTURA FL 33180			FERRANDO MADOR Street Allers (P.C. Box 30 mis flot Acceptible) 116			
Cit			citi A wech	hura FL 233180		
10. I, being appointed the registered agent of the solve named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent						
Name of Managing Street Address of Each						Photo / Zin
Title(s) Members/Manage	S) Members/Managers		Managing Member/Manager		City / State / Zip	
MGR AMADOR, FERNANDO L		741 SW 99TH	TERR.	<u>-</u> .	PEMBROKE PINES	FL 33025
				50) 01/29/0	00278922 14-01059-002	255 **200.00
					10304	* .
12. I certify that I am managing member/manager or the receiver or trustee impowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling 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/Manage Date 124/04 Daytime Phone # 786 - 303 - 1/22 Date 124/04 Daytime Phone # 786 - 303 - 1/22						
Typed or printed name of signing Winaging Member/Manager						