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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 CORPORATIONS

03 DEC 19 PM 5:29

1. **DOCUMENT #** L02000014928

Name and Mailing Address

0013090 01 AT 0.292 **AUTO T7 0 0615 33496-276140



BETHJOE FL, L.L.C.

3440 WINDSOR PLACE

BOCA RATON FL 33496-2761



| | | | |
|--|--|---|-------------------------------|
| 2. New Mailing Address | | 4. State/Country of Formation FL | |
| City, State, Zip | | 5. Date Organized or Qualified To Do Business in Florida 06/14/2002 | |
| Principal Place of Business 3440 WINDSOR PLACE BOCA RATON FL 33496 | 3. New Principal Place of Business Address | 6. FEI Number 03-0452877 | 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 MALLINGER, MARTIN R 980 NORTH FEDERAL HIGHWAY STE. 302 BOCA RATON FL 33432-2704 | 9. Name and Address of New Registered Agent Name JOSEPH MISHKIN Street Address (P.O. Box Number is Not Acceptable) 3440 WINDSOR PLACE City Boca Raton FL Zip Code 33496 |
|--|--|

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
REGISTERED AGENT MUST SIGN

Date

Dec 16, 2003

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 | MISHKIN, JOSEPH | 3440 WINDSOR PLACE | BOCA RATON FL 33496 |
| 800025629348 12/19/03--01025--004 **150.00 | | | |
| REINSTATEMENT 03 Dec | | | |

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

Dec 16, 2003

Daytime Phone #

561-999-0133

Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)