

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

2004 JAN -6 PM 1:49

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000015332

Name and Mailing Address

0008286 01 AT 0.292 **AUTO T1 0 0615 33309-216527



PFT ASSOCIATES, LLC
6700 N. ANDREWS AVENUE, SUITE 102
FORT LAUDERDALE FL 33309-2165



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/19/2002	
Principal Place of Business 6700 N. ANDREWS AVENUE, SUITE 102 FORT LAUDERDALE FL 33309	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 27-0017445	Applied For Not Applicable
8. Name and Address of Current Registered Agent HEINEMANN, THEODORE J 6700 N. ANDREWS AVENUE, SUITE 102 FORT LAUDERDALE FL 33309		9. Name and Address of New Registered Agent Name <u>Leland Talcott</u> Street Address (P.O. Box Number is Not Acceptable) <u>6700 N. Andrews Ave. Ste 102</u> City <u>FL - Fort Lauderdale</u> State <u>FL</u> Zip Code <u>33309</u>	
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 <u>[Signature]</u> SIGNATURE REQUIRED Date <u>12-28-03</u> 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
MGR	TALCOTT, LELAND H	6700 N. ANDREWS AVENUE, SUITE 102	FORT LAUDERDALE FL 33309
000026039670 01/06/04--01003--019 **150.00			
REINSTATEMENT <u>2003</u>			
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 <u>[Signature]</u> SIGNATURE REQUIRED Date <u>12-28-03</u> Daytime Phone # <u>954-491-6411</u> Typed or printed name of signing Managing Member/Manager <u>Leland Talcott</u>			

CR2E034 (7/03)