

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hoo  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L02000016947  
Name and Mailing Address

03 DEC 17 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TERRAGENESIS L.L.C.  
505 NE 30TH ST. #203  
MIAMI FL 33137-4303



CR2E084 (7/03)

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/05/2002	
Principal Place of Business 505 NE 30TH ST. #203 MIAMI FL 33137	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 14-1837856	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE FL 32301		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 by: Lisa Reeves, Secretary Sec Date 12/5/03  
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
MGRM	HARLEY, NORMAN BARRING	505 NE 30TH ST. #203	MIAMI FL 33137
MGRM	HARLEY, JULIE NICOLE	505 NE 30TH ST. #203	MIAMI FL 33137
000025562150 12/17/03-01061-011 **155.00			
REINSTATEMENT 2003			
M THOMAS			

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, P.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 12/11/03 Daytime Phone # 305 576 9300  
Typed or printed name of signing Managing Member/Manager JULIE NICOLE HARLEY (MGRM)