

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

03 OCT 29 PM 5:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. **DOCUMENT #** L02000017663

Name and Mailing Address

0008080 01 AT 0.292 **AUTO TO 0 0615 33304-342417



WHALEN REALTY CAPITAL, LLC
617 N.E. 17TH TERRACE
FORT LAUDERDALE FL 33304-3424

MJM



US

10/29 2003

2. New Mailing Address 4651 Sheridan Street / #320 City, State, Zip Hollywood, FL 33021		4. State/Country of Formation FL	
Principal Place of Business 617 N.E. 17TH TERRACE FORT LAUDERDALE FL 33304 US		5. Date Organized or Qualified To Do Business in Florida 07/12/2002	
3. New Principal Place of Business Address 4651 Sheridan St. #320 City, State, Zip Hollywood, FL 33021		6. FEI Number Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
		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 SCHRAGER, JOSHUA W 17970 NE 31 COURT 4315 AVENTURA FL 33160		9. Name and Address of New Registered Agent Name Joshua W. Schrager Street Address (P.O. Number if Not Applicable) 4651 Sheridan Street Suite 320 City Hollywood FL 33021	
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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 **Joshua W. Schrager** **SIGNATURE REQUIRED** Date **10/27/03**

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
Pres.	Paul M. Whalen	4651 Sheridan Street Suite 320	Hollywood, FL 33021
Vice Pres.	Joshua W. Schrager	4651 Sheridan Street Suite 320	Hollywood, FL 33021

400024247904
10/29/03 01018 012 **155.00

REINSTATEMENT 2003

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 **Joshua W. Schrager** **SIGNATURE REQUIRED** Date **10-27-03** Daytime Phone # **(954) 963-7120**

Typed or printed name of signing Managing Member/Manager **Joshua W. Schrager**

CR2E084 (7/03)