

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 # L02000017794

Name and Mailing Address

0006979 01 AT 0.292 **AUTO T7 0 0615 33161-582675



EASTSIDE INVESTMENTS, LLC
1075 N.E. 122ND STREET
NORTH MIAMI FL 33161-5826

MJH



10/29 2003

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/15/2002	
Principal Place of Business 1075 N.E. 122ND STREET NORTH MIAMI FL 33161	3. New Principal Place of Business Address	6. FEI Number 174-3056965	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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 EL BEYROUTI, JIHAD P 1075 N.E. 122ND STREET NORTH MIAMI FL 33161	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

Jihad P. El Beyrouti
REGISTERED AGENT MUST SIGN

Date 10/24/03

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	EL BEYROUTI, JIHAD P	1075 N.E. 122ND STREET	NORTH MIAMI FL 33161
700024252577 10/29/03--01052--002 **150.00			
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

Jihad P. El Beyrouti

Date 10/24/03

Daytime Phone # 786-325-4244

Typed or printed name of signing Managing Member/Manager

Jihad P El Beyrouti

CR2E084 (7/03)