

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

2003 NOV 17 AM 9:59

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000018480

Name and Mailing Address

0004571 01 AT 0.292 **AUTO T9 0 0615 33015-312717



IT PLAZA LLC
7000 N.W. 186TH STREET #417
MIAMI FL 33015-3127



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|---|--|--|--|
| 2. New Mailing Address SAME AS ABOVE | | 4. State/Country of Formation FL | |
| City, State, Zip | | 5. Date Organized or Qualified To Do Business in Florida 07/22/2002 | |
| Principal Place of Business 7000 N.W. 186TH STREET #417 MIAMI FL 33015 | 3. New Principal Place of Business Address SAME AS ABOVE | 6. FEI Number 74-3052443 | Applied For Not Applicable |
| City, State, Zip | | 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 JABALPOREWALA, F M 7000 N.W. 186TH STREET #417 MIAMI FL 33015 | | 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 100024081011 10/24/03--01021--006 **155.00 City FL Zip Code | |
| 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 <i>[Signature]</i> SIGNATURE REQUIRED Date 10-20-2003 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 OWNER | JABALPOREWALA F. M. | 7000 N.W. 186 STREET Apt # 417 | MIAMI FL 33015 100024081011 10/24/03--01021--006 **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 *[Signature]* **SIGNATURE REQUIRED** Date **11-4-2003** Daytime Phone # **305-698-5184**

Typed or printed name of signing Managing Member/Manager **JABALPOREWALA FAKHRUDDIN**

CR2E034 (7/03)