

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

02000018648

Florida Department of State
Division of Corporations

FILED
03 OCT 21 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100024283231
10/30/03--01023--019 ***155.00



1. **DOCUMENT #** L02000018648
Name and Mailing Address

0012697 01 AT 0.292 **AUTO T6 0 0615 33467-860991
MERCURY MANAGEMENT, LC
10891 FAIRMONT VILLAGE DR.
LAKE WORTH FL 33467-8609

| | | | |
|--|--|---|-------------------------------|
| 2. New Mailing Address | | 4. State/Country of Formation FL | |
| City, State, Zip | | 5. Date Organized or Qualified To Do Business in Florida 07/24/2002 | |
| Principal Place of Business 10891 FAIRMONT VILLAGE DR. LAKE WORTH FL 33467 | 3. New Principal Place of Business Address City, State, Zip | 6. FEI Number 02-0640589 | 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 SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145 | 9. Name and Address of New Registered Agent Name MURRAY J. COHEN P.C. Street Address (P.O. Box Number is not acceptable) 10330 CAMELBACK LANE City BOCA RATON. FL 33498 |
|--|--|

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 *[Signature]* **SIGNATURE REQUIRED** Date 10/20/03
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 |
| MGR | MORGAN, MICHAEL | 10891 FAIRMONT VILLAGE DR. | LAKE WORTH FL 33487 |
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REINSTATEMENT 03 cus
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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 10/16/2003 Daytime Phone # 561-439-7375

Typed or printed name Michael Morgan Managing Member/Manager

CR2E084 (7/03)