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2004 LLC UBR 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

2004 JAN -2 AM 9:03

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000018807

Name and Mailing Address

0008484 01 AT 0.292 **AUTO T1 0 0615 33314-340630



CITY PROPERTIES, LLC
6330 SW 41ST CT
DAVIE FL 33314-3406



US

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/25/2002	
Principal Place of Business 6330 SW 41ST CT DAVIE FL 33319 US	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 16-1619192	Applied For Not Applicable
		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 MEDVIN, ANDREW R 6330 SW 41ST CT DAVIE FL 33319	9. Name and Address of New Registered Agent Name <u>Michael Weinreb</u> Street Address (P.O. Box Number is Not Acceptable) <u>6330 SW 41ST CT</u> City <u>HALLANDALE</u> FL <u>33008</u>
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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

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/24/03

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	WEINREB, MICHAEL P	P.O. BOX 4081	HALLANDALE FL 33008

200025907332
12/31/03--01071--009 **50.00

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

12/24/03

Daytime Phone #

305-758-2270

Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)