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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

04 JAN 21 AM 9:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. **DOCUMENT #** L02000018896

Name and Mailing Address

0017456 01 FP 0.352 **PRSR T4 0 0615 33180

SOURCE ONE REAL ESTATE, LLC
19804 N.E. 29TH AVENUE
AVENTURA FL 33180

900027362069



MJH

1/21

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 19804 N.E. 29TH AVENUE AVENTURA FL 33180		5. Date Organized or Qualified To Do Business in Florida 07/26/2002	
3. New Principal Place of Business Address 19084 NE 29th Avenue City, State, Zip		6. FEI Number 74-3063223 Applied For Not Applicable	
8. Name and Address of Current Registered Agent ENRIQUEZ, STEPHEN C 19 WEST FLAGLER STREET, SUITE 600 MIAMI FL 33130		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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>Case</i> SIGNATURE REQUIRED Date 1/13/04 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	BERKEY, DUANE	7824 N.W. 178TH STREET 19084 NE 29th Avenue	MIAMI FL 33045 Aventura 33180
MGR	NORIEGA, CARL	7824 N.W. 178TH STREET 19084 NE 29th Avenue	MIAMI FL 33045 Aventura 33180

REINSTATEMENT 2003-2004

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 *Case* **SIGNATURE REQUIRED** Date 1/13/04 Daytime Phone # 305-682-2220

Typed or printed name of signing Managing Member/Manager

CR2034 (7/03)