

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 30 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. **DOCUMENT #** L02000019220

Name and Mailing Address

0007701 01 AT 0.292 **AUTO TS 0 0615 33180-152999



BATIA, LLC
20533 BISCAYNE BOULEVARD, #494
AVENTURA FL 33180-1529



2. New Mailing Address 8750-12 Gladiolus Drive City, State, Zip Fort Myers Florida 33908		4. State/Country of Formation FL	
Principal Place of Business 20533 BISCAYNE BOULEVARD, #494 AVENTURA FL 33180		5. Date Organized or Qualified To Do Business in Florida 07/30/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 37-1437376	
		Applied For Not Applicable	
8. Name and Address of Current Registered Agent ZUKERMAN, BATIA 20533 BISCAYNE BOULEVARD, #494 AVENTURA FL 33180		9. Name and Address of New Registered Agent Name 400024267874 Street Address (P.O. Box Number is Not Acceptable) 8750-12 Gladiolus Dr City Fort Myers FL Zip Code 33908	
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 X Batia Zukerman SIGNATURE REQUIRED Date Oct 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	ZUKERMAN, BATIA	20533 BISCAYNE BOULEVARD, #494 8750-12 Gladiolus Dr	AVENTURA FL 33180 Fort Myers FL 33908
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 X Batia Zukerman SIGNATURE REQUIRED Date Oct 20 2003 Daytime Phone # 239-728-5200 Typed or printed name of signing Managing Member/Manager			

CR2E084 (7/03)

REINSTATEMENT

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