

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 -6 PM 1:19

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. **DOCUMENT #** L02000019520  
Name and Mailing Address

0005930 01 AT 0.292 \*\*AUTO T3 0 0615 33133-541315



21ST CENTURY GRADING SERVICES, LLC  
2601 SOUTH BAYSHORE DRIVE  
SUITE 865  
COCONUT GROVE FL 33133-5413

200025263982  
12/08/03--01001--022 \*\*150.00



2. New Mailing Address <b>2730 S.W. 3rd Ave Suite 305</b> City, State, Zip <b>MIAMI FL 33129</b>		4. State/Country of Formation <b>FL</b>	
Principal Place of Business 2601 SOUTH BAYSHORE DRIVE SUITE 865 COCONUT GROVE FL 33133		3. New Principal Place of Business Address <b>2730 SW 3rd Ave # 305</b> City, State, Zip <b>MIAMI, FL 33129</b>	
8. Name and Address of Current Registered Agent  <b>DEANGELIS, ARMAND</b> 2601 SOUTH BAYSHORE DRIVE SUITE 865 COCONUT GROVE FL 33133		9. Name and Address of New Registered Agent Name <b>Armand Desvalier</b> Street Address (P.O. Box Number is Not Acceptable) <b>2730 SW 3rd Ave Suite 305</b> City <b>MIAMI</b> State <b>FL</b> Zip Code <b>33129</b>	
5. Date Organized or Qualified To Do Business in Florida <b>07/31/2002</b>			
6. FEI Number <b>03-0482537</b> <del>651004192</del>		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			
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 <b>SIGNATURE REQUIRED</b> Date <b>1 Dec 03</b> 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
<b>Mgr</b>	<b>Guadalupe Casmol</b>	<b>2730 SW 3rd Ave # 305</b>	<b>MIAMI, FL 33129</b>
<b>REINSTATEMENT</b> <b>2003</b>			
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 satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information furnished in 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 <b>SIGNATURE REQUIRED</b> Date <b>1 Dec 03</b> Daytime Phone # <b>305 859 9050</b> <b>8545040</b> Typed or printed name of signing Managing Member/Manager			

CR2E084 (7/03)