

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000020478

Name and Mailing Address

0008786 01 AT 0.292 **AUTO T2 0 0615 33326-334335



NEW RIVER DEVELOPMENTS, LLC
1035 BAYSIDE LANE
WESTON FL 33326-3343

[illegible]

CB2E034 (7/03)

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/Manage

~~SIGNATURE REQUIRED~~

Date _____

10/24/03

Daytime Phone #

954-247-2510

Typed or printed name of signing Managing Member/Manager

PAUL ERK ROSEN