PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

03 DEC -8 AM II: 40

1. DOCUMENT # L02000021335

Name and Mailing Address

900025265329 12/08/03-01003-017 **155.00

Date 12/1/03 Daytime Phone # 305-785-



2. New Mailing Address 12 13 1 SW 68 TO COVRT				State/Country of Formation FL			
PINECREST FL 33166				5. Date Organized or Qualified To Do Business in Florida 08/19/2002			
Principal Place of Business 132 CIRCLE AVENUE RIDGEWOOD NJ 07450	3. New Princ	ipal Place of Busine	ss Address Street	6. FEI Number	2079596	Applied For Not Applicable	
THE CEWOOD NO 07430	SH M	1, FL 3	33143	7. CERTIFICATE	OF STATUS DESIRED	55.00 Additional Fee require for a Certificate of Status	
8. Name and Address of Current Registered Agent				Name and Address of New Registered Agent			
GRAYSON, MATHIEU G 12131 S.W. 68TH COURT PINECREST FL 33156	Name PEARL GRAYJON Stre-7735857.0. Project April April April C305						
			City M/X	4M1	<u> </u>	FL 33743	
10. I, being appointed the egistered as	ge//))he above named timit	ed liability company	am familiar with and	d accept the oblig	ations of Chapter 608, F.	S.	
Signature of Registered Agent / LOW SIGNEREQUIRED Date Dec 1, 2003							
11. Names and Street Addresses of Ea	ch Managing Member/Manag	er					
			eet Address of Each ging Member/Manager		City / State / Zip		
MANAGINA DUSSELL	W. GRAYSON	12131 -	SW 68th	CT_	PINECRE	OT FL 33156	
MEMBER MATHIEU	G. GRAYSON	12131	SW 68	3 / C/	PINECRE	33/56	
MEMBE PEARL	3RAYSON	7155 5	W 86"	TREET	MIAMI	FL 33143	
						03 cuj	
				:		dei	
12. I certify that I am managing member filing this reinstatement application that all fees owed by the limited liability as if made under ceth.	ne reason for dissolution has b	een eliminated, the	limited liability comp	anv name satisfie	s the requirements of sec	tion 608.406. F.S., and that	