

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

2003 NOV 20 AM 8:13

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000021533

Name and Mailing Address

0008971 01 AT 0.292 **AUTO H3 0 0615 33330-122101



SATORI, L.L.C.
13201 SOUTHWEST 28TH PLACE
DAVIE FL 33330-1221



2. New Mailing Address SAME		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/21/2002	
Principal Place of Business 13201 SOUTHWEST 28TH PLACE DAVIE FL 33330	3. New Principal Place of Business Address SAME City, State, Zip //	6. FEI Number 81-0571119	Applied For Not Applicable
8. Name and Address of Current Registered Agent JENSEN, ANA 13201 SOUTHWEST 28TH PLACE DAVIE FL 33330		9. Name and Address of New Registered Agent ANA JENSEN 13201 SW 28 PLACE DAVIE FL 33330	
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 [Signature] SIGNATURE REQUIRED Date 11-02-03 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
Managing Member	RICK D JENSEN	13201 SW 28 PLACE	DAVIE, FL 33330
Managing Member	ANA M JENSEN	13201 SW 28 PLACE	DAVIE, FL 33330
500024866655 11/20/03--01004--031 **\$150.00			
REINSTATEMENT 2003			

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 **[Signature]** **SIGNATURE REQUIRED** Date **11-02-03** Daytime Phone # **954-600-6808**
Typed or printed name of signing Managing Member/Manager