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AMEND AND P.02
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03 OCT -8 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(H03000292962 3)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000022315

REINSTATEMENT 2003

1. Limited Liability Company's Name
Anatolia, LLC

2. Principal Office Address		3. Mailing Office Address	
5701 Camino Del Sol		5701 Camino Del Sol	
Suite, Apt. #, etc. 101		Suite, Apt. #, etc. 101	
City & State Boca Raton, Florida		City & State Boca Raton, Florida	
Zip 33433	Country US	Zip 33433	Country US

4. State/Country of Formation: Florida/US

5. Date Organized or Qualified To Do Business in Florida: 08/28/2002

6. FEI Number: [ ] x Applied For [ ] Not Applicable

7. CERTIFICATE OF STATUS DESIRED [ ] $5.00 Additional Fee Required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Holly G. Gershon

Street Address (P.O. Box Number is Not Acceptable): ~~1489 W. Palmetto Park Rd.~~ Suite 425

City: Boca Raton | State: FL | Zip Code: 33486

9. 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 _____ Date 10-3-03

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Melis Giraud	5701 Camino Del Sol, #101	Boca Raton/FL/33433

11. 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 Melis Giraud Date Oct 1 2003 Daytime Phone # 561-416-2086

Typed or printed name of signing Managing Member/Manager _____

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TOTAL P.02

2002

Florida Department of State

Division of Corporations
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Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : SIMON, SIGALOS & SPYREDES, P.A.
Account Number : I19990000176
Phone : (561)447-0017
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LIMITED LIABILITY REINSTATEMENT

ANATOLIA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$150.00

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