PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

DIVISION OF CORPORATIONS

1. DOCUMENT #

L02000022739

Name and Mailing Address

FILED

2004 JAN - 6 PM 12: 23

DIVIJION OF CORPORATIONS TALLAHASSEE, FLORIDA

0005227 01 AT 0,292 ••AUTO T1 0 0615 33062-520913 Influential Infl



2. New Mailing Address					4. State/Country of Formation FL				
City, State, Zip					5. Date Organized of Qualified To Do Business in Florida 09/03/2002				
Principal Place of Business 3. New Principal Place of								Applied F	or
2213 E. ATLANTIC BLVD POMPANO BEACH FL 33062					05-6532423			Not Applic	cable
		City, State, Zip			7. CERTIFICATE OF STATUS DESIRED of tor a Certificate of Status				
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent				
	DI CUI MICHAEL		Name						
KERLEW, MICHAEL 2213 E ATLANTIC BLVD POMPANO BEACH FL 33062			Street Address		ss (P.O. Box Number is Not Acceptable)				
					City FL Zip Code				
				City					
10. I, beir	ng appointed the registered agent of the	above named limi	ted liability company,	am familiar with a	and accept the oblig	ations of Chapter 608	, F.S.		
Signature o			- EGUIRI	=		Data			
Registered			ENT MUST SIGN			Date			
11. Name	s and Street Addresses Each Lanagin	g Member/Mana	ger						
Title(s)	Name of Managing Members/Managers		Street Address of Each Managing Member/Manager			City / State / Zip			
PRES.	BETTY MCCOY	e st see	2213 E.	ATLANTI		puratung		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	2-
		800823744138 01/06/04 01017 014 \$150 10/13/03 01023 004 50							
					10/13/0	3 010a3	00	4 50	
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			REI	VSTAT	ewent	_203-	79 PQ		
filing t all fee	fy that I am managing member/manager this reinstatement application the reason to so owed by the limited liability company hat made under oath.	ar dicentition hac	heen eliminated the	limited liability cor	mnany name satistii	es the requirements of	section 6	08.406. F.S., and	ı ınaı ı
Signature of Managing	of Member/Manage // SIGNA	TOM B	COMIRED	Date		aytime Phone#			
l	Jan	/14	\		,			•	