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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

2004 JAN -6 PM 12:47

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000022754

Name and Mailing Address

0005196 01 AT 0.292 **AUTO T1 0 0615 33062-520913



LM LLC
2213 E. ATLANTIC BLVD.
POMPANO BEACH FL 33062-5209



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 2213 E. ATLANTIC BLVD. POMPANO BEACH FL 33062		5. Date Organized or Qualified To Do Business in Florida 09/03/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 32-0031842	Applied For Not Applicable
8. Name and Address of Current Registered Agent KERLEW, MICHAEL 2213 E. ATLANTIC BLVD. POMPANO BEACH FL 33062		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			

CR2E094 (7/03)

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]
REGISTERED AGENT MUST SIGN

Date

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
PRES.	LINDA MILLER	2213 E. ATLANTIC BLVD POMPANO BCH FL 33062	
VICE-PRES.	VONOA KUORON	2213 E. ATLANTIC BLVD. POMPANO BCH, FL 33062	
			200023766382 01/06/04 01007 014 \$150.00
			10/13/03 01096 017 \$50.00
			REINSTATEMENT 2003-04

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]
REGISTERED AGENT MUST SIGN

Date 11-10-03

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

LINDA MILLER