

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 8:15

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000022849

Name and Mailing Address

0009054 01 AT 0.292 **AUTO H3 0 0615 33334-421731



JAMES G. ANDERSON, L.L.C.
4731 NE 15 TERRACE
OAKLAND PARK FL 33334-4217



2. New Mailing Address 1585 SE 19th AVE		4. State/Country of Formation FL	
City, State, Zip LAUDERDALE-BY-THE-SEA, FL 33062		5. Date Organized or Qualified To Do Business in Florida 09/04/2002	
Principal Place of Business 4731 NE 15 TERRACE OAKLAND PARK FL 33334	3. New Principal Place of Business Address 1585 SE 19th AVE	6. FEI Number 65-1178735	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
City, State, Zip LAUDERDALE BY THE SEA, FL 33062		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent HERMAN, BRUCE 1401 E BROWARD BLVD., STE 206 FT LAUDERDALE FL 33301		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 REQUIRED Date 11/11/03 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
MGRM	ANDERSON, JAMES G	1585 SW 19 AVE	LAUDERDALE BY THE SEA FL 33308
700024866637 11/20/03--01004--030 **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 REQUIRED

Date **10/27/03**

Daytime Phone # **954-946-3638**

Typed or printed name of signing Managing Member/Manager.

JAMES G. ANDERSON