


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

03 OCT 31 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. DOCUMENT # L02000022997

Name and Mailing Address

0008123 01 AT 0.292 \*\*AUTO TO 0 0615 33305-281400



SPIRIT INVESTMENTS AND MANAGEMENT LLC  
2400 BAYVIEW DR.  
FT LAUDERDALE FL 33305-2814

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/05/2002	
Principal Place of Business 2400 BAYVIEW DR. FT LAUDERDALE FL 33305	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 35-2184893	Applied For Not Applicable
		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 SMITH, RAYMOND 2400 BAYVIEW DR. FT LAUDERDALE FL 33305	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 500024339235 10/31/03--01079--022 **150.00 City FL Zip Code
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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 10/25/03  
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	RAYMOND SMITH	2400 BAYVIEW DR.	FT LAUDERDALE FL 33305

REINSTATEMENT 03  
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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 10/25/03 Daytime Phone # 954-566-0892

RAYMOND SMITH

CR2E034 (7/03)