


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

182

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000023028

Name and Mailing Address

0004815 01 AT 0.292 \*\*AUTO TO 0 0615 33024-806599  
  
 SAMUEL-LAWRENCE REAL ESTATE SERVICES, LLC  
 9900 STIRLING RD., STE. 233  
 COOPER CITY FL 33024-8065



2. New Mailing Address 2651 N HIATUS ROAD		4. State/Country of Formation FL	
City, State, Zip COOPER CITY, FL 33026		5. Date Organized or Qualified To Do Business in Florida 09/05/2002	
Principal Place of Business 9900 STIRLING RD., STE. 233 COOPER CITY FL 33024	3. New Principal Place of Business Address 2651 N HIATUS ROAD City, State, Zip COOPER CITY, FL 33026	6. FEI Number 74-3060220	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 ROSENBERG, ERIC D 9900 STIRLING RD., STE. 233 COOPER CITY FL 33024	9. Name and Address of New Registered Agent Name Street/Address (P.O. Box Number is Not Acceptable) City 11011 Sheridan Street Suite 304 Cooper City FL 33026
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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]* **SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date 10/27/03

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
Managing member	Eric D Rosenberg	11011 Sheridan Street Suite 304	Cooper City FL 33026
800024379628 11/03/03--01058--025 **\$0.00			
REINSTATEMENT -03 Dec			

12. I certify that I am managing member/manager of 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]* **SIGNATURE REQUIRED**

Date 10/27/03 Daytime Phone # 954 431-2022

Typed or printed name of signing Managing Member/Manager

Eric D Rosenberg

CR2E084 (7/03)

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**Samuel-Lawrence**  
Real Estate Services, LLC

Department of State  
Divisions of Corporations  
Registration Section  
P.O. Box 6327,  
Tallahassee, FL 32314

October 27, 2003

Re Document # L02000023028

To Whom It May Concern;

Please find enclosed our payment of \$50.00 for re-instatement and for our 2003 uniform business report. We spoke with Nanette and she informed us that on August 26, 2003 you returned our previous payment since we had overpaid it. However we never received the returned filing so we did not resubmit it until now. Nanette told us to pay only \$50.00 and send the papers back in which we are now doing.

Thank you.

Sincerely,