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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
03 OCT 27 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000023075
Name and Mailing Address

0015451 01 MB 0.309 **AUTO T7 0 0615 11230-490402
FORT LAUDERDALE HOMES LLC
1902 AVENUE K
C/O OUSTATCHER
BROOKLYN NY 11230-4904

2. New Mailing Address
812 NW 1st.
City, State, Zip FORT LAUDERDALE FL. 33311

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida 09/06/2002

Principal Place of Business
1902 AVENUE K
C/O OUSTATCHER
BROOKLYN NY 11230

3. New Principal Place of Business Address
812 NW 1st.
City, State, Zip Ft. LAUD. FL. 33311

6. FEI Number X 77-0611336 ✓ Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED ✓ $5.00 Additional Fee required for a Certificate of Status

CR2E084 (7/03)

8. **Name and Address of Current Registered Agent**

AGENTS AND CORPORATIONS, INC
773 4TH AVENUE NORTH
SUITE E
NAPLES FL 34102

9. **Name and Address of New Registered Agent**

Name DAVID DAMERAU
Street Address (P.O. Box Number is Not Acceptable) 812 NW 1st.
City FORT LAUD. FL Zip 33311

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] Date 10/1/03
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
G.M.	DB 2nd Century Mgt.	812 NW 1st. FORT LAUDERDALE FL.	FORT LAUDERDALE FL 33311

300024165993
10/27/03--01056--016 **150.00

REINSTATEMENT 03 dca

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] Manager Date 10/3/03 Daytime Phone # 954-525-1032

Typed or printed name of signing Managing Member/Manager DAVID DAMERAU, Manager