

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L02000023435

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenn W. Holloman
Secretary of State
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L02000023435

Name and Mailing Address

03 NOV 25 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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D & H PROPERTIES, LLC
785 CRANDON BLVD., APT. 201
KEY BISCAYNE FL 33149-2589



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/10/2002	
Principal Place of Business 785 CRANDON BLVD., APT. 201 KEY BISCAYNE FL 33149	3. New Principal Place of Business Address City, State, Zip		6. FEI Number 264 71 6619
		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 HURWIT, HANDRE 785 CRANDON BLVD., APT. 201 KEY BISCAYNE FL 33149		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 200025025543 11/25/03--01024--010 **150.00 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 <i>Handre Hurwit</i> SIGNATURE REQUIRED Date 10/30/03 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
MORM	Donna - Hurwit	785 Crandon Blvd Apt 201	Key Biscayne FL 33149
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 <i>Donna Hurwit</i> SIGNATURE REQUIRED		Date 10/30/03	Daytime Phone # 305-249-6541
Typed or printed name of signing Managing Member/Manager Donna Hurwit			

CR2E034 (7/03)

REINSTATEMENT 2003

12/8 mst