	NSTRUCTIONS BEFORE C RIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS		FILED		
1. DOCUMENT # L02000024795 Name and Mailing Address		2004 APR - 1 AM 8: 31 Division of corporations Tallahassee, Florida			
0008563 01 AT 0.292 AUTO TI 0 0615 33311 I.I.I.A.DRIVER, LLC 2067 S. FEDERAL HWY FORT LAUDERDALE FL 33316-3546					
2. New Maili 1 Address			4. State/Count FL	ry of Formation	
City, State, Zip			5. Date Organ	zed or Qualified less in Florida	09/23/2002
cipal Place of Business 3. New Principal Place of Business Address 2067 S. FEDERAL HWY			6. FEI Number Applied For 7. 7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Ag				Address of New Register	ed Agent
SQUIRE, STEVEN F ESQ 625 NORTHEAST THIRD AVE. FORT LAUDERDALE FL 33304		Name Ami Williams Street Address (P.O. Box Number is Not Acceptable) 2067 S. Federal Highway			
· · · · · · · · · · · · · · · · · · ·		City FL.	ande	rdale F	
10. I, being appointed the registered agent of the above named lim Signature of Registered Agent REGISTERED AG			nd accept the oblig	pations of Chapter 608, F.S. Date <u>3-30</u>	
11. Names and Street Addresses of Each Managing Member/Mana				· · · · · · · · · · · · · · · · · · ·	
itle(s) Name of Managing Street Address of Ea Members/Managers Managing Member/Managers				City /	State / Zip
ngr AniWilliams	2067 5	Federa	ll Huz	Ft. Lau	lerdaleFL 33316
			30		
· · · · · · · · · · · · · · · · · · ·			04/01/1	DO31699! 9401055016	**200.00
·	•			MENT 200	
 I certify that I am managing member/manager or the receiver of filing this reinstatement application the reason for dissolution has all fees owed by the limited liability company have been paid. The as if made under oath. Signature of Managing Member/Manage 	s been eliminated, the lir he information indicated of	nited liability com on this application	pany name satisti n is true and accu	es the requirements of sec	Il have the same legal effect