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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

024972

1. DOCUMENT # L02000024972

Name and Mailing Address

04 MAR 12 AM 9:12 *hr 03/24/04*

0007259 01 AT 0.292 **AUTO T7 0 0615 33172-241884



NEUHAUS REAL ESTATE, LLC
8884 NW 24 TERRACE
MIAMI FL 33172-2418

000025600500
03/12/04--01055--015 **50.00



REINSTATEMENT 2003 - 2004

2. New Mailing Address <i>10471 N.W. 36 ST.</i>		4. State/Country of Formation FL	
City, State, Zip <i>MIAMI FLORIDA, 33178</i>		5. Date Organized or Qualified To Do Business in Florida 09/24/2002	
Principal Place of Business 8884 NW 24 TERRACE MIAMI FL 33172	3. New Principal Place of Business Address <i>10471 NW 36 ST.</i> City, State, Zip <i>MIAMI FL, 33178</i>	6. FEI Number <i>81-0579414</i>	Applied For Not Applicable
8. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 941 FOURTH STREET MIAMI BEACH FL 33139		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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>[Signature]</i> SIGNATURE REQUIRED Date <i>1/12/04</i> 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
MGR	NEUHAUS, MIGUEL	8884 NW 24 TERRACE	MIAMI FL 33172
000025600500 12/18/03--01029--001 **150.00			
REINSTATEMENT		<i>2003 - 2004</i>	
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>[Signature]</i> SIGNATURE REQUIRED		Date <i>10/24/03</i> Daytime Phone # <i>305-593-1669</i>	
Typed or printed name of signing Managing Member/Manager			

CP2E084 (7/03)