


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 29 PM 5:19  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

1. DOCUMENT # L02000024981

Name and Mailing Address

0012148 01 AT 0.292 \*\*AUTO T4 0 0615 33432-406360



3400 SECOND AVENUE HOLDINGS, LLC  
 C/O SAMUEL & CO., LLC  
 260 EAST BOCA RATON ROAD  
 BOCA RATON FL 33432-4063

**MJH**



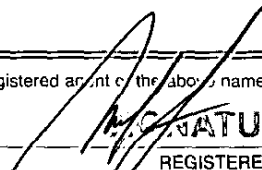
10/29 2003

2. New Mailing Address 4301 Biscayne Blvd Ste 100		4. State/Country of Formation FL	
City, State, Zip MIAMI FL 33138		5. Date Organized or Qualified To Do Business in Florida 09/24/2002	
Principal Place of Business C/O SAMUEL & CO., LLC 260 EAST BOCA RATON ROAD BOCA RATON FL 33432	3. New Principal Place of Business Address City, State, Zip		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E084 (7/03)

8. Name and Address of Current Registered Agent MARTIN, PEDRO A ESQ C/O GREENBERG TRAUIG, P.A. 1221 BRICKELL AVENUE, SUITE 2100 MIAMI FL 33131		9. Name and Address of New Registered Agent Name 700024220727 Street Address (P.O. Box) 10/29/03-01001-009 **150.00 City FL Zip Code	
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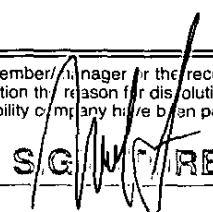
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent  **SIGNATURE REQUIRED** Date 10/29/03  
**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
MGR	SAMUEL, MICHAEL	260 EAST BOCA RATON ROAD	BOCA RATON FL 33432
<b>REINSTATEMENT 2003</b>			

12. I certify that I am managing member/manager for 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 REQUIRED** Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
 Typed or printed name of signing Managing Member/Manager \_\_\_\_\_