PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	-	LLEVÓE KENT	ALL INSTR	KUC III	DNS BEFORE C	OMPLETING	5 IMIS FURIM.	
COMPANY REINSTATEMENT LIMITED LIABILITY SECRETARY DIVISION OF CORPORATIONS						FILED 2003 DEC -4 PM 2:39		
DOCUMENT # L02000025180 1. Limited Liability Company's Name						DIVIDION OF CORPORATIONS TALLAHASSEE, FLORIDA		
Pr	remier	Developers	III, L.I	L.C.				
Principal Office Address 3. Mailing Office Address						900025200069 12/04/0301003015 **150.00		
		iffin Rđ]	W. Griffin Rd.		4. State/Country of	Formation	
Suite, Apt. #	#, etc		Suite, Apt. #, etc	etc.		Florida		
Suite #106 Suite				#106		5. Date Organized or Qualified To Do Business in Florida 11-20-02		
Dania Beach, FL Dania				Beach, FL		6. FEI Number 51-04347	49	Applied For Not Applicable
^Z ∰3312	<u> </u>	Country USA	^{Zip} 33312		Country USA	7. CERTIFICATE OF S		ditional Fee required ertificate of Status
8. Name and Address of Current Registered Agent								
Shear, David P.A. Street Address (P.O. Box Number is Not Acceptable)								
	201 Alhambra Circle: Suite, Apt. #, Etc. Suite #601 City State Zip Code							
	City	Coral Gal	oles			F		
9. I, being appointed the registered agent of the above named limited highlity company, am familiar with and accept the obligations of Chapter 608, F.S.								
Signature of Registered Agent Date 11/18/03 REGISTERED AGENT MUST SIGN								
10. Name:	s and Street	Addresses of Managing Me	mbers/Managers					
Titles	les Name of Managing Members/ Managers			Street Address of Each Managing Member/Manager		jer	City / State / Zip	
Aknowed	a Bradley Deckelburn			3001 a anom Rd		<u>De</u>	mig Beach PC 32	۶۵ او
Member M	awa.	harden Deck	celhaum 3	3201 U	L Wiffin Re	De	mia Beach, FC 3	33(2
	·			<u> </u>				
	<u>-</u>			REINSTATEMENT 2003				
11. 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 Date 11/30/03 Daytime Phone# (954) 965-3636								

Typed or printed name of signing Managing Member/Manager Bradley Declar Ibum, Manuer