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 27 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT#

L02000026386

Name and Mailing Address

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2. New Ma	ailing Addre	ss Gladiolus	D(4. State/Count	try of Formation			
City, State	50+	myers	FC	33908			ized or Qualified ness in Florida	10/07/2	:002	
Principal Place of Business 3. New Principal F					Place of Business Address		6. FEI Number		Applied For	
20533 BISCAYNE BLVD., #494			8150	10-12 Gladioles Dr		02-0647511			Not Applicable	
AVENTURA FL 33180 City State, Zip				27024		25 00 A 1 111 1 C-		al Fee required		
Fort myes fc 33908										
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent					
ZUKERMAN, HAIM M					Name				1	
					Street Address (E.O. Box Number is Not Acceptable)					
AVENTURA FL 33180 8.750-						Ustadious or				
					city Foet	myeo		FL Zip S	378	
10 . I, being appointed the registered agent of the above named imited liability company, am familiar with and accept the obligations of Chapter 608, F.S.										
Registered Agent Die Co. Co.										
RINGISTERED AGENT MUST SIGN										
11. Names and Street /ur/esses of Each Managin/Member/Manager										
Title(s)				et Address of Each ing Member/Manager City / State / Zip			j			
MGRM	GRM ZUKERMAN, HAIM M			20533 BISCAYNE BLVD., #494			AVENTURA FL 33180			
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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/Manage SIGN TIRE REQUIRED DAIL Oct 20 2003 Daytime Phone # 954 648 9 444										
Typed or printed name of signing Managing Lember/Manager										