

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 PM 6:51

1. DOCUMENT # L02000027222

Name and Mailing Address

0004337 01 AT 0.292 **AUTO T8 0 0615 32963-147302



J.C. DENIRO & ASSOCIATES, L.L.C.

5099 N A1A

SUITE 2

VERO BEACH FL 32963-1473



2. New Mailing Address 5099 N. A1A, SUITE 5		4. State/Country of Formation FL																																													
City, State, Zip VERO BEACH, FL 32963		5. Date Organized or Qualified To Do Business in Florida 10/15/2002																																													
Principal Place of Business 5099 N A1A SUITE 2 VERO BEACH FL 32963		3. New Principal Place of Business Address 5099 N. A1A, SUITE 5 City, State, Zip VERO BEACH, FL 32963																																													
		6. FEI Number 06 1702818																																													
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status																																													
8. Name and Address of Current Registered Agent DENIRO, JOHN C 23 ROYAL PALM POINTE VERO BEACH FL 32960		9. Name and Address of New Registered Agent Name John C. DeNiro Street Address (P.O. Box Number is Not Acceptable) 5099 N. A1A Suite 5 City Vero Beach FL Zip Code 32963																																													
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>John C. DeNiro</i> SIGNATURE REQUIRED Date 10/23/03 REGISTERED AGENT MUST SIGN																																															
11. Names and Street Addresses of Each Managing Member/Manager <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Title(s)</th> <th style="width: 30%;">Name of Managing Members/Managers</th> <th style="width: 30%;">Street Address of Each Managing Member/Manager</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td>JOHN C. DENIRO</td> <td>822 EAST ATLANTIC AVE</td> <td>DELRAY BEACH FLORIDA 33433</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MGRM	JOHN C. DENIRO	822 EAST ATLANTIC AVE	DELRAY BEACH FLORIDA 33433																																				
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CB2F034 (7/03)

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

Date 11/3/03 Daytime Phone # _____

Typed or printed name of signifying Managing Member/Manager