

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

2004 JAN -6 PM 4:08

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000027910

Name and Mailing Address

0012097 01 AT 0.292 \*\*AUTO T4 0 0615 33432-790900

BEAUMONT COLLEGE STREET, LLC

300 E. ALEXANDER PALM DR.

BOCA RATON FL 33432-7909

600026060556

01/06/04--01007--024 \*\*150.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/21/2002	
Principal Place of Business 300 E. ALEXANDER PALM DR. BOCA RATON FL 33432	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	Applied For Not Applicable
8. Name and Address of Current Registered Agent APPLEBY, HOMER P 3245 SAINT JAMES DR BOCA RATON FL 33434		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>Homer Appleby</i> <b>SIGNATURE REQUIRED</b> Date <u>12/30/03</u> 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
MANAGING MEMBER	GILBERT H. HINCHER, Trustee of THE GILBERT H. HINCHER REVOCABLE TRUST	300 Alexander Palm Rd	Boca Raton, FL 33432
11	HARVEY S. ROSEN, Member of H S ROSEN HOLDING, LLC an Ohio limited liability company	314aver hill Ct.	BRACKWOOD, OH 44122
11	KATHLEEN J. S. ROSEN, Member of H S ROSEN HOLDING, LLC an Ohio limited liability company	314aver hill Ct.	BRACKWOOD, OH 44122
<b>REINSTATEMENT 2003</b>			
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>Homer Appleby</i> Date <u>12-22-03</u> Daytime Phone # <u>561-393-3964</u> Typed or printed name of signing Managing Member/Manager			

CR2EC84 (7/03)