PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

DIVISION OF CORPORATIONS

1. DOCUMENT #

US

Name and Mailing Address

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ADIVIDION OF CORPORATIONS FALLAHASSEE, FLORIDA

CR2E034 (7/03 4. State/Country of Formation 2. New Mailing Address FL City, State, Zip Date Organized or Qualified 10/21/2002 To Do Business in Florida Principal Place of Business #99 WEST PALMETTO PARK ROAD 3. New Principal Place of Business Address FEI Number Applied For Not Applicable SUITE 102 City, State, Zip BOCA RATON FL 33432 \$5.00 Additional Fee required for a Certificate of Status 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name SOKOLOW, ELLIOT P 36 MINNETONKA ROAD Street Address (P.O. Box Number is Not Acceptable) SEA RANCH LAKES FL 33308 Zip Code FL 10. I, being appointed the registered agent of the abovi named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. **WE REQUIRED** Signature of Date 1(-10-03 Registered Agent REGISTERED AGENT MUST SIGN 11. Names and Street Addresses of Each Managing Member/Manager Name of Managing Street Address of Each City / State / Zip Title(s) Members/Managers Managing Member/Manager SEA

Title(s)

Members/Managers

Members/Managers

Managing Member/Manager

Managing Member/Managing Member/Managing

REINSTATEMENT 2003

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

ELLIOT P SOKOLOW

Date 1(-00-03 Daytime Phone # 954-599-5800

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