

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 DEC 26 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000028348
Name and Mailing Address

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R FUTURES III, L L C
6161 NORTH VIA VENETIA
DELRAY BEACH FL 33484-6437

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12/26/03--01031--044 **150.00



2. New Mailing Address <i>16260 East Venetia</i> City, State, Zip <i>Delray Beach, FL 33484</i>		4. State/Country of Formation FL	
Principal Place of Business 6161 NORTH VIA VENETIA DELRAY BEACH FL 33484		5. Date Organized or Qualified To Do Business in Florida 10/24/2002	
3. New Principal Place of Business Address <i>16260 E. Via Venetia</i> City, State, Zip <i>Delray Beach, FL 33484</i>		6. FEI Number <i>04-3719524</i>	
8. Name and Address of Current Registered Agent BOLCH SCHRIER, LAURIE ESQ. LAURIE BOLCH, P.A. 2260 NORTH DIXIE HIGHWAY BOCA RATON FL 33431		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 <i>Laurie Bolch Schrier, Esq.</i> Street Address (P.O. Box Number is Not Acceptable) <i>562 East Woolbright Rd. #217</i> <i>Boynton Beach</i> FL <i>33435</i>			
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>[Signature]</i> SIGNATURE REQUIRED Date <i>11/24/03</i> 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
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>[Signature]</i> SIGNATURE REQUIRED		Date <i>11/24/03</i> Daytime Phone # <i>561-499-8489</i>	
Typed or printed name of signing Managing Member/Manager			

CR2E084 (7/03)