

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

03 DEC 11 PM 1:58

11/2/18/03

1. DOCUMENT # L02000029848

Name and Mailing Address

0012517 01 AT 0.292 **AUTO T6 0 0615 33446-237864

OS PARTNERS, L.L.C.

16064 BRISTOL ISLE WAY
DELRAY BEACH FL 33446-2378



REINSTATEMENT 2003

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/07/2002	
Principal Place of Business 16064 BRISTOL ISLE WAY DELRAY BEACH FL 33446	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 14-1854814	Applied For Not Applicable
8. Name and Address of Current Registered Agent SHARP, MICHAEL A 16064 BRISTOL ISLE WAY DELRAY BEACH FL 33446		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 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 11/24/03 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
MGRM	MICHAEL A. SHARP	16064 BRISTOL ISLE WAY	DELRAY BEACH, FL 33446
MGRM	William O'Connell	10 Rustic Drive	PENNINGTON, NJ 08534
		500025418995 12/11/03--01019--022 **150.00	
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/Manager

[Signature] **SIGNATURE REQUIRED**

Date

11/24/03

Daytime Phone #

561-866-6654

Typed or printed name of signing Managing Member/Manager