


02/03/04 16:06 FAX 914 694 9017

A UZZO & CO. CPA'S PC

0002

L020000030071

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Limited Liability Company's Name 1410 North Goldenrod, LLC					
2. Principal Office Address 653 N. Goldenrod Road Suite, Apt. #, etc.		3. Mailing Office Address 653 N. Goldenrod Road Suite, Apt. #, etc.		4. State/Country of Formation Florida/U.S.	
City & State Orlando, FL		City & State Orlando, FL		5. Date Organized or Qualified To Do Business in Florida November 12, 2002	
Zip 32807	Country U.S.	Zip 32807	Country U.S.	6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
				7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

BH

FILED
MAR -9 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. Name and Address of Current Registered Agent	
Name CARLO RUTIGLIANO	
Street Address (P.O. Box Number is Not Acceptable) 653 N. GOLDENROD ROAD	
Suite, Apt. #, Etc.	
City Orlando	State FL
	Zip Code 32807

000030683010
03/18/04--01012--007 **210.00

9. 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 Carlo Rutigliano Date 3-8-04

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Carlo Rutigliano	653 N. Goldenrod Road	Orlando, FL 32807

REINSTATEMENT 2003-2004

11. 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 608.408, 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 Carlo Rutigliano Date 3-8-04 Daytime Phone # 407-948-4141

Typed or printed name of signing Managing Member/Manager CARLO RUTIGLIANO