## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

## 1. DOCUMENT #

L02000030514

Name and Mailing Address

FILED

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DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

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2. New Mailing Address					State/Country of Formation     FL			
City, State, Zip					Date Organized or Qualified     To Do Business in Florida     11/14/2002			
1428 NW 24TH TERRACE			New Principal Place of Business Address		6. FEI Number 48-1384598,		Applied For Not Applicable	
FORT LAUDERDALE FL 33311 US		City, State, Zip			7.	S5.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent			
233 117	SH, LINDA P 31 STATE ROAD 7	Name Street Address (P.O. Box Number is Not Accepts)						
			City FL Zi				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 REGISTERED AGENT MUST SIGN  11. Names and Street Addresss of Each Managing Member/Manager								
Title(s)	Name of Managing Street Addge							
(=)	Members/Managers			ing Member/Manag		Ony , Clare . Op		
Mar	BUNM! AKINS	Aumi	7561 n	w 164	A	Plantal	on Fl	33313
					017167	00270: 0401036	3978 -003*	32 *205.00
	REINSTATEMENT 2003-0492							
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 filling 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 ESCRUMURE STATE Date 1-10-03 Daytime Phone # 954-331-11 23								
Typed or printed name of signing Managing Member/Manager Dunini (-†Kinsami)								