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03 DEC 26 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000031173

Name and Mailing Address

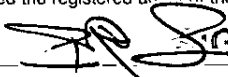
0008179 01 AT 0.292 **AUTO TO 0 0615 33308-671999



CYTODERM, LLC
3201 N.E. 36TH STREET
FT. LAUDERDALE FL 33308-6719

200025770942
12/26/03--01031--022 **150.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/20/2002	
Principal Place of Business 3201 N.E. 36TH STREET FT. LAUDERDALE FL 33308	3. New Principal Place of Business Address	6. FEI Number 20-0362580	Applied For
	City, State, Zip	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	Not Applicable
8. Name and Address of Current Registered Agent SMILOVITS, ISAAC 3201 N.E. 36TH STREET FT. LAUDERDALE FL 33308		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 named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent  SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN Date 11-5-03			

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	Steve Perry	205 Churchill Drive Longwood, FL 32779	Longwood, FL 32779
mGRM	Donna Gilmore	205 Churchill Drive	Longwood, FL 32779
mGRM	Aiden O'Rourke	315 SE 13 Street	Ft Lauderdale, FL 33316
mGRM	Isaac Smilovits	3201 NE 36 Street	Ft Lauderdale, FL 33308

REINSTATEMENT 03 /AL/

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

Date _____ Daytime Phone # 11-5-03

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)