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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR RE-CERTIFICATION  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS

**L02000031421** **FILED**

1. DOCUMENT # L02000031421

Name and Mailing Address

0006487 01 AT 0.292 \*\*AUTO T1 0 0615 33315-204711

ANASAZI, LLC

511 S.W. 19TH STREET

FORT LAUDERDALE FL 33315-2047

03 DEC -9 AM 9:42  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

|   |   |  |  |
|---|---|--|--|
| 2. New Mailing Address<br><b>P.O. Box 551343</b>                                |   | 4. State/Country of Formation<br><b>FL</b>   |  |
| City, State, Zip<br><b>FT. LAUDERDALE, FL 33355</b>                             |   | 5. Date Organized or Qualified To Do Business in Florida<br><b>11/21/2002</b>  |  |
| Principal Place of Business<br>511 S.W. 19TH STREET<br>FORT LAUDERDALE FL 33301 | 3. New Principal Place of Business Address<br><b>SAME</b> | 6. FEI Number<br><b>30013029</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
|   | City, State, Zip<br><b>SAME</b>                           | 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status |  |

|   |   |
|---|---|
| 8. Name and Address of Current Registered Agent<br><b>FILINGS, INC.<br/>3732 NORTHWEST 16TH STREET<br/>FORT LAUDERDALE FL 33311</b> | 9. Name and Address of New Registered Agent<br>Name <b>SAME</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>500025337485</b><br>City <b>12/09/03--01010--018 FL**150.00</b> |
|---|---|

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 **Juana Draago** **SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGNDate **11-14-03**

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     | DRAAGO, JUANA                     | 511 S.W. 19TH STREET                           | FORT LAUDERDALE FL 33301 |
| MGRM     | RICK D. JENSEN                    | 13201 SW 28 PL                                 | DAVIE, FL 33330          |
| MGRM     | ANT M. JENSEN                     | 13201 SW 28 PL                                 | DAVIE, FL 33330          |
|          |                                   |  |                          |
|          |                                   |  |                          |
|          |                                   |  |                          |

**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 **RICK JENSEN** **SIGNATURE REQUIRED** Date **12-1-03** Daytime Phone # **954-476-4007**Typed or printed name of signing Managing Member/Manager **RICK JENSEN**

CR2E084 (7/03)