

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Gloria E. Flood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR -4 AM 10:29

Vol 03/04/04

0006027 01 AT 0.292 **AUTO T4 0 0615 33133-376575

[illegible]

THE DOUBLE L GROUP, LLC

2950 SW 27TH AVE

SUITE 300

MIAMI FL 33133-3765



REINSTATEMENT 2003-2004

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/22/2002	
Principal Place of Business 2950 SW 27TH AVE SUITE 300 MIAMI FL 33133	3. New Principal Place of Business Address	6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
	City, State, Zip	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

CB2EQ84 (7/03)

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent	
LEEDS, SCOTT W 2950 SW 27TH AVE SUITE 300 MIAMI FL 33133	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	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

Printed name of the registered agent of the above named limited liability company, am f

Scott D. Seeks **STATE REQUIRED**

Date 12/29/02

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
Mgr	SCOTT W. LEEDS	2950 S.W. 27 Ave, #300 MIAMI	MIAMI, FL 33133
			8000286984.28 02/13/04--01017--008 **200.00
		2003	
	REINSTATEMENT	2004	
			NOV-0 3 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

SEVENTH EDITION REQUIRED

Date 12/29/03 Daytime Phone # 305-567-1200

Typed or printed name of signing Managing Member/Manager.