## APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L02000032338

Name and Mailing Address

Typed or printed name of signing

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DIVIDION OF CORPORATIONS TALLAHASSEE, FLORIDA



2. New Mailing Address					State/Country of Formation     FL			
City, State, Zip					5. Date Organized or Qualified To Do Business in Florida 12/03/2002			
Principal Place of Business 20173 N.W. 9TH DRIVE PEMBROKE PINES FL 33029		3. New Principal Place of Business Address			6. FEI Number Applied For Not Applied For			Applied For  Not Applicable
FE	SHOKE FINES FL 33029	City, State, 2	Zip		7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status			
	8. Name and Address of Current	Name and Address of New Registered Agent						
GARCIA-CARRANZA, CARLOS 20173 N.W. 9TH DRIVE PEMBROKE PINES FL 33029				Name Street Address (P.O. Box Number is Not Acceptable)				
				City FL Zip Code				Code
10. I, bein Signature of Registered	19erii — — — — — — — — — — — — — — — — — —	EATURE	ited liability company,  REQUIRE ENT MUST SIGN		nd accept the obli	gations of Chapter 608, F.S	1 <u>3-0</u>	3
ll. Names	and Street Addresses of Each Managing	Member/Mana	ıger					
Title(s)	Name of Managing Members/Managers					City / State / Zip		
ngrm CEO	GUY SANCHEZ	JR.	7460	b 29	WAY	HIALEALL F	Ë( 33	810
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				REIN	ISTATI	EMENT 2	003	<b>3</b>
filing thi all fees	that I am managing member/m mager of s reinstatement application the reason full owed by the limited liability contoany has ade under oath.	dissolution has	been eliminated, the li	mited liability com	pany name satisfie	es the requirements of secti	ion 608,406. I	F.S., and that
ignature of lanaging M	ember/Manage State		EQUIRED	Date (\\	13-03 0	aytime Phone#_954	447-	0886

JR