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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenn F. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

L02000032602

04 JAN 21 AM 9:11

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

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 01/21/04--01084--010 **50.00

REINSTATEMENT 2003-2004

1. DOCUMENT # L02000032602

Name and Mailing Address

JQ BISCAYNE HOLDINGS, LLC
 80 GLEN HEAD ROAD, SUITE 200
 GLEN HEAD NY 11545-1904



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/05/2002	
Principal Place of Business 80 GLEN HEAD ROAD, SUITE 200 GLEN HEAD NY 11545	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		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 FISHER, TAMARA 173 ROOT TRAIL PALM BEACH FL 33480	9. Name and Address of New Registered Agent Name: <u>JOHN J. QUINN</u> Street Address (P.O. Box Number is Not Acceptable): <u>80 GLEN HEAD RD</u> <u>STE 200</u> City: <u>GLEN HEAD NY</u> FL Zip Code: <u>11545</u>
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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] **SIGNATURE REQUIRED** Date: 12/12/03
 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	QUINN, JOHN J	80 GLEN HEAD ROAD, SUITE 200	GLEN HEAD NY 11545
<p>500025533735 12/13/03--01072--005 **150.00</p> <p>REINSTATEMENT 2003-2004</p>			

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: [Signature] **SIGNATURE REQUIRED** Date: 12/12/03 Daytime Phone #: 516 759-2700
 Typed or printed name of signing Managing Member/Manager: _____

CR2E034 (7/03)