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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

THE STATE OF FLORIDA  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**L02000033220**

04 FEB 13 PM 2:17  
L0202/24/04

1. DOCUMENT # L02000033220

Name and Mailing Address

0011622 01 AT 0.292 \*\*AUTO T3 0 0615 33406-597699



VOGEL BUILDERS, L.L.C.  
1661 S. CONGRESS AVENUE  
W. PALM BEACH FL 33406-5976



**REINSTATEMENT** 2003-2004

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 1661 S. CONGRESS AVENUE W. PALM BEACH FL 33406		5. Date Organized or Qualified To Do Business in Florida 12/11/2002	
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 HERMAN, BRUCE 1401 E. BROWARD BLVD., SUITE 206 FORT LAUDERDALE FL 33301		9. Name and Address of New Registered Agent Name: HOWARD VOGEL Street Address (P.O. Box Number is Not Acceptable): 1661 SOUTH CONGRESS AVE City: WEST PALM BEACH FL Zip Code: 33406	
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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]* Date: 2-9-04  
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
MGRM	VOGEL, LEE	1661 S. CONGRESS AVENUE	W. PALM BEACH FL 33406
<p>300828732523 02/13/04--01034--006 **200.00</p> <p>2003- <b>REINSTATEMENT</b> 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]* Date: 2/9/04 Daytime Phone #: 561-648-7710

Typed or printed name of signing Managing Member/Manager