

DEC-16-2003 10:58

NASON YEAGER

5616865442

P.02/02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION

FILED

H03000336527 3

03 DEC 16 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #		L02000033300	
1. Limited Liability Company's Name MMR II, LLC.			
2. Principal Office Address 1750 N. Florida Mango Road Suite, Apt. #, etc. Suite 103 City & State West Palm Beach, FL Zip 33409		3. Mailing Office Address 1750 N. Florida Mango Road Suite, Apt. #, etc. Suite 103 City & State West Palm Beach, FL Zip 33409	
4. State/Country of Formation USA		5. Date Organized or Qualified To Do Business in Florida 12/11/02	
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

Name Metz, John	
Street Address (P.O. Box Number is Not Acceptable) 1750 N. Florida Mango Road	
Suite, Apt. #, Etc. Suite 103	
City West Palm Beach	State FL
	Zip Code 33409

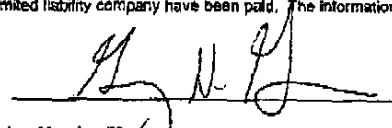
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. -

Signature of Registered Agent  Date **12/18/03**
John Metz REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City/State/Zip
Managing Member	Meyer, Arthur I.	1601 Belvedere, Suite 470S	West Palm Beach, FL 33406
Managing Member	Metz, John C.	1750 North Florida Mango Road, Ste 103	West Palm Beach, FL 33409

11. 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 satisfied the requirements of section 608.408, 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  Date **December 16, 2003** Daytime Phone # **(561) 686-3307**
 Typed or printed name of signing Member/Manager **Gary N. Gerson, Authorized Representative** H03000336527 3