


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB 25 PM 12:18

<b>DOCUMENT # L03000014831</b> 1. Entity Name <b>LAKE WORTH CORNERS LLC</b>					
Principal Place of Business 1924 N. FT. LAUDERDALE BEACH BLVD. FT. LAUDERDALE, FL 33305			Mailing Address 1924 N. FT. LAUDERDALE BEACH BLVD. FT. LAUDERDALE, FL 33305		
2. Principal Place of Business <b>205 N. Country Club Dr.</b> Suite, Apt. #, etc.		3. Mailing Address <b>205 N. Country Club Dr.</b> Suite, Apt. #, etc.			
City & State <b>Atlantis, FL</b>		City & State <b>Atlantis, FL</b>		4. FEI Number <b>65-1066896</b>	
Zip <b>33462</b>		Country <b>US</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SHAPIRO, MICHAEL B</b> <b>SHAPIRO, BLASI &amp; WASSERMAN, P.A.</b> <b>7777 GLADES ROAD, SUITE 200</b> <b>BOCA RATON, FL 33434</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>7777 Glades Rd., Suite 110</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33434</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Michael B. Shapiro</u> DATE <u>2/24/2005</u> <small>Signature, typed or printed name of registered agent and use if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$200.00</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <b>GKC International, Inc.</b> <b>205 N. Country Club Dr.</b> <b>Atlantis, FL 33462</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>Michael Shapiro, Authorized Rep.</u>			DATE: <u>2/24/2005</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

REINSTATEMENT

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