


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 FEB 17 AM 10:00

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <u>03000037463</u> 1. Limited Liability Company's Name <u>COLIN ENTERPRISES, LLC</u> <u>162 GLEASON STREET</u> <u>DELRAY BEACH, FL</u> <u>33488-6811</u>			
2. Principal Office Address <u>SAME</u>		3. Mailing Office Address <u>SAME</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. State/Country of Formation <u>FLORIDA, PALM BEACH</u>	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number <u>90-0113605</u>	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name <u>RICHARD CRISONINO, ESQ.</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>2534 SW 6th STREET</u>			
Suite, Apt. #, Etc.			
City <u>MIAMI</u>		State <u>FL</u>	Zip Code <u>33135</u>

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: [Signature] Date 2-15-04

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MNGM MEMBER</u>	<u>JAY BARRY COLIN</u>	<u>162 GLEASON ST</u>	<u>DELRAY BEACH, FL 33483</u>
			<u>0100047475230</u> <u>03/01/05--01005--010 **205.00</u>
			<b>REINSTATEMENT 04-05</b>

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 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 2/06/05 Daytime Phone # 201.538.7059

Typed or printed name of signing Managing Member/Manager: JAY BARRY COLIN

CR2E041 (10/02)