

U93000000287

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortonham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 NOV 23 PM 3:32

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company
DOCUMENT # L93000000287
1416 PROPERTY, L.C.
1416 South Military Trail
West Palm Beach, FL 33415

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address
1416 South Military Trail
West Palm Beach, FL 33415

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified 09.03.1993	3a. State of Formation Florida
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0451459	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State		City & State			
Zip	Country	Zip	Country	5. Date of Last Report	6. Certificate of Statute Desired <input checked="" type="checkbox"/> Section 608, F.S.

7. Name and Address of Current Registered Agent
Segall, Robert A.
8877 Collins Avenue
#1109
Surfside, FL 33154

8. Name and Address of New Registered Agent

Name James I. Kramer
Street Address (P.O. Box Number is Not Acceptable) Kramer & Associates, P.A.
Suite, Apt. #, etc. 4225 Ponce de Leon Boulevard
City Coral Gables
State FL
Zip Code 33146

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: J.I. Kramer Date: 11/20/98

10. Title	Managing Member/Managers	Business Street Address	City, State & Zip Code
MCM	Kramer, James I.	4225 Ponce de Leon Boulevard	Coral Gables, FL 33146
MCM	Ettman, Jon	1823 Antigua Road	West Palm Beach, FL 33406
MCM	Lopate, Dave	11000 SW 64th Ave.	Miami, FL 33156

000002683720-1

REINSTATEMENT 1997, 1998

11. I certify that I am managing member/manager of 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: J.I. Kramer Date: November 20, 1998 Daytime Phone # 305-461-1500

Typed or printed name of signing Managing Member/Manager: James I. Kramer, Member



ACCOUNT NO. : 072100000032

REFERENCE : 041219 4311639

AUTHORIZATION : *Patricia Pigato*
COST LIMIT : ~~\$ 1075.00~~ *886.25*

ORDER DATE : November 23, 1998

ORDER TIME : 12:26 PM

ORDER NO. : 041219-005

CUSTOMER NO: 4311639

CUSTOMER: Matt Anderson, Legal Assistant
Akerman Senterfitt & Eidson
One Southeast Third Avenue
28th Floor
Miami, FL 33131

DOMESTIC FILINGS

NAME: 1416 PROPERTY, L.C.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

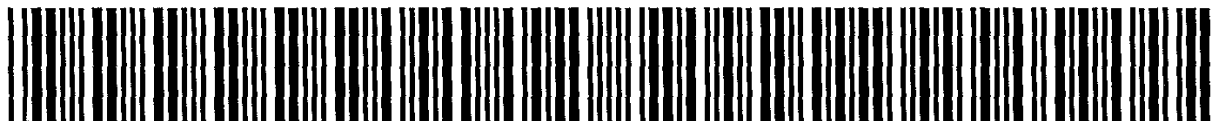
- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janice Vanderslice
EXAMINER'S INITIALS _____

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98 NOV 23 PM 3:32

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DIVISION OF CORPORATION

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