

**PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.**

**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**

**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

**L95000000197**

**FILED**  
**2002 DEC 31 PM 4:40**  
**DIVISION OF CORPORATIONS**  
**TALLAHASSEE, FLORIDA**

**1. DOCUMENT #** L95000000197  
Name and Mailing Address

0002611 01 FP 0.352 \*\*PRSRT TB 0 0615 33162-604440  
1840 NE 153RD ST., L.C.  
1840 N.E. 153RD ST.  
NORTH MIAMI BEACH FL 33162-6044

500009770465  
12/31/02--01073--001 \*\*150.00



<b>2. New Mailing Address</b> City, State, Zip		<b>4. State/Country of Formation</b> FL	
<b>Principal Place of Business</b> 1840 N.E. 153RD ST. NORTH MIAMI BEACH FL 33162		<b>5. Date Organized or Qualified To Do Business in Florida</b> 03/14/1995	
<b>3. New Principal Place of Business Address</b> City, State, Zip		<b>6. FEI Number</b> 65-0606565	<b>Applied For</b> Not Applicable
<b>8. Name and Address of Current Registered Agent</b> SPIVAK, MERRILL 1840 NE 153RD ST. NORTH MIAMI BEACH FL 33162		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			

**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 12-27-02  
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	SPIVAK, MERRILL	1840 N.E. 153RD ST.	NORTH MIAMI BEACH FL 33162
MGRM	SPIVAK, PHYLLIS	1840 N.E. 153RD ST.	NORTH MIAMI BEACH FL 33162
<del>MGRM</del>	<del>SPIVAK, MERRILL</del>	<del>1840 N.E. 153RD ST.</del>	<del>NORTH MIAMI BEACH FL 33162</del>

**REINSTATEMENT 2002** gr

**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 12-27 Daytime Phone # 305-947-3999  
Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)