


# L95000000503

APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L95000000503</b> Breakstone SW, LC 2875 NE 191st Street Suite 500 Aventura, FL 33180		1a. Principal Place of Business Address 2875 NE 191st St. Suite 500 Aventura, FL 33180	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a			
2. Principal Place of Business 2875 NE 191st St Suite, Apt. #, etc. 500 City & State Aventura, FL Zip 33180	2a. Mailing Address 2875 NE 191st St Suite, Apt. #, etc. 500 City & State Aventura, FL Zip 33180	3. Date Organized or Qualified 8/1/95 4. FEI Number 65-0597909 5. Date of Last Report 5/1/97	3a. State of Formation Florida <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired \$8.75 Additional Fee Required <input checked="" type="checkbox"/>
7. Name and Address of Current Registered Agent Jorge L. Wolf 2875 NE 191st Street Suite 500 Aventura, FL 33180		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 4000002798684--9 -03/09/99--01013--002 *****8.75 FL Zip code *****8.75	
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	
10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
M	Enrique Wolf	2875 NE 191st St Suite 500 Aventura, FL 33180	Aventura Florida 33180
M	Arthur Breakstone	2875 NE 191st St Suite 500	Aventura Florida 33180
		4000002798684--9 -03/09/99--01013--001 *****877.50 *****877.50 AR \$200.00 AR Supp \$173.00 Admin \$500.00	
<b>REINSTATEMENT</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		Date 2/26/98 Daytime Phone (305) 705-0001	
Typed or printed name of signing Managing Member/Manager		Enrique Wolf	