

1999 APPLICATION FOR 1999
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV -5 PM 2:18

11/5

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

SECRETARY OF STATE
ALLAHASSEE FLORIDA

1 Name and Mailing Address
of Limited Liability Company **DOCUMENT #** L95000000679

LAKER INFORMATION SYSTEMS, L.C.
1170 LEE WAGENER BLVD, SUITE 200
FORT LAUDERDALE, FL 33315

1a. Principal Place of Business Address

1100 LEE WAGENER BLVD, SUITE 101
FORT LAUDERDALE, FL 33315

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

2 Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified 09/06/1995	3a. State of Formation FL
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0614322	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State		City & State		5. Date of Last Report 04/21/1997	6. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required
Zip	Country	Zip	Country		

7. Name and Address of Current Registered Agent

BURT, FRANK G
JORDEN BURT & BERENSON
777 BRICKELL AVE., 5TH FLOOR
MIAMI, FL 33131

8. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
Zip Code

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

11-4-99

REGISTERED AGENT MUST SIGN

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MGR	TAYLOR, SCOTT	1170 LEE WAGENER BLVD, STE 200	FT LAUDERDALE, FL 33315
MGR	BARRETT, BRIAN	1170 LEE WAGENER BLVD, STE 200	FT LAUDERDALE, FL 33315
MGRM	MAINO, MARY	1170 LEE WAGENER BLVD, STE 200	FT LAUDERDALE, FL 33315

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*****225.00 *****225.00

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 11/03/99

Daytime Phone # 954-359-0199

Typed or printed name of signing Managing Member/Manager

MARY MAINO