

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
Jill Smith
Secretary of State
DIVISION OF CORPORATIONS
L95000000707

APPROVED AND FILED

02 NOV 20 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L95000000707

Name and Mailing Address

0001926 01 FP 0.352 **PRSR T6 0 0615 33133-402590
SOUTH FLORIDA ENTERPRISES, L.C.
3590 CRYSTAL VIEW COURT
MIAMI FL 33133-4025



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 3590 CRYSTAL VIEW COURT MIAMI FL 33133		5. Date Organized or Qualified To Do Business in Florida 09/11/1995	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-0615343	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent MURPHY, BRIAN J 3590 CRYSTAL VIEW COURT MIAMI FL 33133		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 11/5/02

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
MEM	MURPHY, THOMAS S	2718 OAKBROOK MANOR	WESTON FL 33332
MEM	MURPHY, BRIAN J	3590 CRYSTAL VIEW COURT	MIAMI FL 33133
100009112881 11/20/02--01066--014 **150.00			
REINSTATEMENT <u>2002</u>			
TB			

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 11/5/02 Daytime Phone # 305-924-0599

Typed or printed name of signing Managing Member/Manager Brian J Murphy