

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



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

FILED

97 JAN 27 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #L95000001014**

**BOCA BENZ, L.C.
401 N.E. MIZNER BLVD., T-204
BOCA RATON, FL 33432**

(NOTE: NEW ADDRESS)

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

**401 N.E. MIZNER BLVD., T-204
BOCA RATON, FL 33432**

2. Principal Place of Business

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

401 N.E. MIZNER BLVD.

Suite, Apt. #, etc.

T-204

City & State

BOCA RATON, FL 33432

Zip

Country

PALM BEACH

3. Date Organized or Qualified

DECEMBER 29, 1995

4. FEI Number

65-0628192

5. Date of Last Report

N/A

3a. State of Formation

FLORIDA

Applied For

Not Applicable

6. Certificate of Status Desired

\$6.75 Additional Fee Required

7. Name and Address of Current Registered Agent

**LAWRENCE A. CAPLAN, P.A.
2424 N. FEDERAL HWY., SUITE 257
BOCA RATON, FL 33431**

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

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

12/19/96

IF REGISTERED AGENT MUST SIGN

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

**BRAND
PRES
MGRM**

BRIAN D. YUSEM

401 N.E. MIZNER BLVD, T-204

BOCA RATON, FL 33432

000002070880--6
-01/28/97--01142--005
*****8.75 *****8.75

000002070880--6
-01/28/97--01142--006
*****8.75 *****8.75

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

12/19/96

Daytime Phone #

561-393-1984

Typed or printed name of signing Managing Member/Manager