

FILED

97 NOV 18 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

97 AR APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY

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

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # L96000000530

ALBERANI & ASSOCIATES, L.C.
1524 SW 12 CT
FT. LAUDERDALE, FL 33312

97-AR
CM

1a. Principal Place of Business Address

1524 SW 12 CT
FT. LAUDERDALE, FL 33312

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	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	<input type="checkbox"/> Applied For
City & State		City & State		65-0570109	<input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Date of Last Report	6. Certificate of Status Desired
					\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

TARKOE, CLINTON M
1040 BAYVIEW DR
SUITE 420
FT. LAUDERDALE, FL 33304

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

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MGRM	ALBERANI, ALAN	1524 SW 12 CT	FT. LAUDERDALE, FL 33312

100002357371--9
-11/26/97--01008--009
****203.75 ****203.75

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

11/14/97

Daytime Phone #

954-763-4784

Typed or printed name of signing Managing Member/Manager

②

97 NOV 12 AM 9:27
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 14, 1997

FLORIDA DEPARTMENT OF STATE
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Reference: Document Number # L96000000530

Subject: Alberani & Associates, L.C.

To Whom It May Concern:

I am writing this letter to reinstate the limited liability company of Alberani & Associates. After calling your offices and explaining the fact that due to an address change, I did not receive any previous notification, I was instructed to write this letter and send a check in the amount of \$203.75.

I was also instructed to mark my calendar for the end Feb 98, whereby around that time I should receive next years application.

If you have any question please contact me at 954-763-4784.

Thank you,

Alan A. Alberani
Alberani & Associates