

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT
DIVISION OF CORPORATIONS

AND FILED

03 JAN 28 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L98000000607

Name and Mailing Address

0000219 01 FP 0.352 **PRSRT T1 0 0615 33131-325775
BARTRAM & BRAKENHOFF OF FLORIDA, L.C.
1200 BRICKELL AVENUE, SUITE 1900
MIAMI FL 33131-3257

100009922131
01/07/03--01064--003 **150.00



2. New Mailing Address 304 S.E. 20 th STREET City, State, Zip FT. LAUDERDALE, FLORIDA 33316		4. State/Country of Formation FL	
3. New Principal Place of Business Address 1200 BRICKELL AVENUE, SUITE 1900 MIAMI FL 33131 City, State, Zip FT. LAUDERDALE, FL 33316		5. Date Organized or Qualified To Do Business in Florida 05/14/1998	
6. FEI Number 65-0834878		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent ANGELL CORPORATE SERVICES, INC. 250 ROYAL PALM WAY PALM BEACH FL 33480		9. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>David C. Lacz</i> Date 11/1/02 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
MGRM	LACZ, DAVID C	1200 BRICKELL AVENUE, SUITE 1900	MIAMI FL 33131
		100011139181 01/28/03--01072--010 **50.00	
		7062-2003	
		REINSTATEMENT	
		JB	

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 *David C. Lacz* Date 11/1/02 Daytime Phone # 954 779-7377

Typed or printed name of signing Managing Member/Manager

DAVID C. LACZ

CR2EC84 (8/02)