

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

L9800000627

FILED

03 JAN -3 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L98000000627

Name and Mailing Address

0003526 01 FP 0.352 **PRSR T1 0 0615 33324-231651



DEMETER RESOURCE GROUP L.C.
9851 SOUTHWEST 2ND STREET
PLANTATION FL 33324-2316



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 9851 SOUTHWEST 2ND STREET PLANTATION FL 33324		5. Date Organized or Qualified To Do Business in Florida 05/15/1998	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-0835499	Applied For Not Applicable
8. Name and Address of Current Registered Agent HALPERN, ROBERT 9851 SW 2ND STREET PLANTATION FL 33324		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		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>[Signature]</i>	
		Date 12-26-02	
		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
MGR	ZELLER, MARTIN V	9851 SOUTHWEST 2ND STREET	PLANTATION FL 33324
MGR	HALPERN, ROBERT	9851 SOUTHWEST 2ND STREET	PLANTATION FL 33324
			100009793841 01/03/03--01002--003 **150.00
REINSTATEMENT 02			

CR2E084 (8/02)

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

Date 12-26-02

Daytime Phone # 954-472-2244

Typed or printed name of signing Managing Member/Manager