

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Division of Corporations

L98000000778

AND FILED

NOV 25 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L98000000778

Name and Mailing Address

0000998 01 AV 0.278 **AUTO H5 0 0615 33431-717086



ADMIRALTY PARTNERS, LC
2697 N. OCEAN BLVD
APT 608-F
BOCA RATON FL 33431-7170

REINSTATEMENT



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/11/1998	
Principal Place of Business 2697 N. OCEAN BLVD APT 608-F BOCA RATON FL 33431	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 22-3593819	Applied For Not Applicable
		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 SCHRECK, WENDY X 530 X 200 CAMINO GARDENS BLVD, SUITE 204 BOCA RATON FL 33432	9. Name and Address of New Registered Agent Name Sidney L. Hofing, Esq. Street Address (P.O. Box Number is Not Acceptable) 2697 N. Ocean Boulevard Apt. 608-F City Boca Raton FL Zip Code 33431
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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] **REQUIRED** Date November 20, 2003

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	HOFING, SIDNEY	928 WEST STATE STREET	TRENTON NJ 08618

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] **REQUIRED** Date 11/20/03 Daytime Phone # 609-392-0092

Typed or printed name of signing Managing Member/Manager Sidney L. Hofing

CR2E084 (7/03)