

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

02 NOV 2002 PM 4:19

02 NOV 2002 PM 4:15

hr 12/02

1. DOCUMENT # L98000000844

Name and Mailing Address

0004401 01 FP 0,352 **PRSR T4 0 0615 33435-332601
RATNER ENTITIES, L.C.
6711 NORTH OCEAN BLVD., BLDG 1
OCEAN RIDGE FL 33435-3326



REINSTATEMENT 2002		4. State/Country of Formation FL	
2. Name and Address City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/22/1998	
Principal Place of Business 6711 NORTH OCEAN BLVD., BLDG 1 OCEAN RIDGE FL 33435	3. New Principal Place of Business Address City, State, Zip	6. FEI Number NOT APPLICABLE	Applied For Not Applicable
8. Name and Address of Current Registered Agent RATNER, JEFFREY S 6711 NORTH OCEAN BLVD., BLDG 1 OCEAN RIDGE FL 33435		7. CERTIFICATE OF STATUS DESIRED <input checked="" 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) 800009233108	
11/26/02--01088--013 **155.00	
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 [Signature] Date 11/7/02

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	RATNER, JEFFREY S	6711 NORTH OCEAN BLVD., BLDGS 1 & 2	OCEAN RIDGE FL 33435
REINSTATEMENT 2002			

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] Date 11/7/02 Daytime Phone # (351) 7364600