

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



DIVISION OF CORPORATIONS

FILED

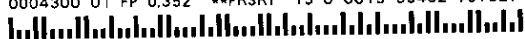
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L98000001587

Name and Mailing Address

0004300 01 FP 0.352 **PRST T3 0 0615 33432-797527



MEHREN INVESTMENT ADVISORY COMPANY, LLC
127 COCONUT PALM ROAD
BOCA RATON FL 33432-7975



10/04/02

2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

08/24/1998

Principal Place of Business

127 COCONUT PALM ROAD
BOCA RATON FL 33432

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

65-0859936

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

MARANGOS, JOHN P
127 COCONUT PALM ROAD
BOCA RATON FL 33432

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

400011138734

01/28/03--01072--005 **200.00

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

REGISTERED AGENT MUST SIGN

Date

1/15/03

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	MARANGOS, JOHN P	127 COCONUT PALM ROAD	BOCA RATON FL 33432
MGRM	ALLEN, JEFFREY	127 COCONUT PALM ROAD	BOCA RATON FL 33432

REINSTATEMENT 2002-2003

hjk

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

1/15/03

Daytime Phone #

561-347-0092