

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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AND
FILED

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 DEC 17 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000001766

1. Limited Liability Company's Name

CITATION, L.L.C.

REINSTATEMENT 99

2. Principal Office Address 4700 NW Boca Raton Blvd. Suite, Apt. #, etc. 4th Floor City & State Boca Raton, FL Zip 33431 Country USA		3. Mailing Office Address 4700 NW Boca Raton Blvd. Suite, Apt. #, etc. 4th Floor City & State Boca Raton, FL Zip 33431 Country USA		4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida 9/9/98		6. FEI Number 65-0862982		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> Revoked Expired					

8. Name and Address of Current Registered Agent

Name Paola Luptak		800003082638-4	
Street Address (P.O. Box Number is Not Acceptable) 4700 NW Boca Raton Blvd.		-12/29/99--01007--012 ****155.00 ****155.00	
Suite, Apt. #, Etc. 4th Floor			
City Boca Raton	State FL	Zip Code 33431	

9. 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 12/16/99

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Harold Beznos	4700 NW Boca Raton Blvd. 4th FL	Boca Raton, FL 33431
MGRM	Phil Warren	1161 Holland Dr.	Boca Raton, FL 33487
MGRM	Jerry D. Luptak	4700 NW Boca Raton Blvd. 4th FL	Boca Raton, FL 33431

11. 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 12/16/99 Daytime Phone (561) 948-3200

Typed or printed name of signing Managing Member/Manager Phil Warren