

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L98000002182 **FILED**

**APPLICATION
FOR
REINSTATEMENT**



Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT 30 PM 2:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L98000002182

Name and Mailing Address

0000078 01 FP 0,352 **PRSR T1 0 0615 33131-294509

MIAMI VENTURES ASSET MANAGEMENT, LLC
801 BRICKEL AVENUE, 9TH FLOOR
MIAMI FL 33131-2945

MAJH



10/30 2002

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 801 BRICKEL AVENUE, 9TH FLOOR MIAMI FL 33131		5. Date Organized or Qualified To Do Business in Florida 09/30/1998	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-0868155	
		Applied For Not Applicable	
8. Name and Address of Current Registered Agent MIAMI VENTURES MANAGEMENT COMPANY, INC. 801 BRICKEL AVENUE, 9TH FLOOR MIAMI FL 33131		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) 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 <u>John A. Hall</u> Date <u>Oct 28, 2002</u> 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	HALL, JOHN A	7365 SW 132 STREET	MAIMI FL 33156
MEM	BUTLER, DONALD CPA	ONE SOUTHEAST THIRD AVENUE	MIAMI FL 33131
MEM	MCLEAN, GENE W.	11911 S.W. 79TH TERRACE	MIAMI FL 33183
			100008731241 10/31/02--D1075--006 **155.00

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 John A. Hall Date Oct 28, 2002 Daytime Phone # 305-256-7240

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)