LEASE READ	ALL INSTRUCTIONS BEFORE C	OMPLETING THIS FORM.
LIMITED LIABILITY COMPANY REINSTATEMENT	ALCRIDA DEPARTMENT OF STATE  Kathers: Harris  Secretary of State  DIVISION OF CORPORATIONS	FILED  00 JAN -3 PM 10: 03
DOCUMENT # L98-3  1. Limited Liability Company's Name  South OCCAN	MANAGENENT LLC.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address  170   So. OCEAN DK.  Suite, Apt. #, etc.  City & State  Zip   Country	3. Mailing Office Address  170   S0. OCe Au DR  Suite, Apt. #, etc.  City & State  Zip Country  2 7 7 7 5 Country	4. State/Country of Formation
r-/	OCEAN DR. APT	State Zip Code FL 33019 ccept the obligations of Chapter 608, F.S.
Signature of Registered Agent RE	EGISTERED AGENT MUST SIGN	Date
10. Names and Street Addresses of Managing Mer  Titles Name of Managing Members/Manage	Street Address of Each	City / State / Zip
Pres. KARim BA	rud-y 1701 50.00cesu	DR. Hollywood FC.
		3000030967639 -01/12/0001094012 ****150.00 ****150.00
<u>.</u>		
filing this reinstatement application the reason for	r dissolution has been eliminated, the limited liability compare been paid. The information indicated on this application is	cation as provided for in chapter 608, F.S. I further certify that when any name satisfies the requirements of section 608.406, F.S., and that is true and accurate, and my signature shall have the same legal effect  Daytime Phone #