

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

AND
FILED

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
In Strict
Confidence
Secretary of State
DIVISION OF CORPORATIONS

02 NOV 20 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000000146

Name and Mailing Address

0004285 01 FP 0,352 **PRSRT T3 0 0615 33432-629734
NAJJAR ORLANDO, LLC
500 SOUTH OCEAN #2109
BOCA RATON FL 33432-6297

300009104783
11/20/02--01040--001 **150.00



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 500 SOUTH OCEAN #2109 BOCA RATON FL 33432		5. Date Organized or Qualified To Do Business in Florida 01/06/1999	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-0998387	Applied For Not Applicable
8. Name and Address of Current Registered Agent NAJJAR, JORDAN 19414 40TH COURT MIAMI FL 33160		7. CERTIFICATE OF STATUS DESIRED <input 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 <i>J. Najjar</i> REGISTERED AGENT MUST SIGN Date <u>11-18-02</u>			
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	NAJJAR, JORDAN	19414 40TH COURT	MIAMI FL 33432
MGRM	NAJJAR, RUTH	500 SOUTH OCEAN #2109	BOCA RATON FL 33432
REINSTATEMENT 2002			
TB			

CR2E084 (8/02)

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 *J. Najjar* Date 11-18-02 Daytime Phone # 561-393-0061

Typed or printed name of signing Managing Member/Manager