

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE



Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

L99000000383

FILED

00 NOV -9 PM 5: 00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000383

1. Limited Liability Company's Name

Flagler 500, L.L.C.

2. Principal Office Address

4800 Bayview Drive

Suite, Apt. #, etc.

Penthouse 1

City & State

Fort Lauderdale, FL

Zip

33308

Country

USA

3. Mailing Office Address

P.O. Box 220368

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33022

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified

To Do Business in Florida

1/22/99

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required  
for a Certificate of Status

200003463472--3  
-11/14/00--01032--008  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

Name

Jane Moy

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

1151 South Northlake Drive

FF \$150

Suite, Apt. #, Etc.

City

Hollywood

State  
FL

Zip Code  
33019

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

*Jane Moy*

REGISTERED AGENT MUST SIGN

Date 11/6/00

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
Mgr	Jane Moy	1151 South Northlake Drive	Hollywood, FL 33019
Mgr	P. Doug McCraw	4800 Bayview Drive, PH1	Fort Lauderdale, FL 33308
Mgr	Lutz M. Hofbauer	2208 N 42nd Ave	Hollywood, FL 33021

REINSTATEMENT 2000

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

*Jane Moy*

Date 11/6/00

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/99)