


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
2002 NOV 15 AM 11:31  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000002317  
Name and Mailing Address

0006957 01 FP 0,352 \*\*PRSR T1 0 0615 11582-046060  
WINTER GARDEN/TRI-CITY L.L.C.  
PO BOX 460  
VALLEY STREAM NY 11582-0460



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 99 W. HAWTHORNE AVE. SUITE 520x 218 VALLEY STREAM NY 11580		5. Date Organized or Qualified To Do Business in Florida 04/23/1999	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 11-3499049	
		Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent SHAPIRO, MICHAEL B 7777 GLADES ROAD, SUITE 200 BOCA RATON FL 33434		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \_\_\_\_\_ Date \_\_\_\_\_

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	WIENER, JUDE	99 W. HAWTHORNE AVENUE	VALLEY STREAM, N.Y. 11582
MGRM	WIENER, DANIEL	99 W. HAWTHORNE AVENUE	VALLEY STREAM, N.Y. 11582

200009013612  
11/15/02-01013-002 \*\*150.00

REINSTATEMENT 2002

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 \_\_\_\_\_ Date 10/28/02 Daytime Phone # 516 593-0660

Typed or printed name of signing Managing Member/Manager DANIEL WIENER, MEMBER

CR2E084 (8/02)