

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.  
APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

L9900003420  
FILED

02 NOV -5 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300008810913  
11/05/02--01095--006 \*\*155.00

1. DOCUMENT # L9900003420  
Name and Mailing Address

0004591 01 FP 0.352 \*\*PRSRT T4 0 0615 33461-392477  
4077, LLC  
4077 LAKE WORTH ROAD  
LAKE WORTH FL 33461-3924



2. New Mailing Address 7491 - N Federal Hwy C-5 - 152 City, State, Zip BOCA RATON FL 33487		4. State/Country of Formation FL	
Principal Place of Business 4077 LAKE WORTH ROAD LAKE WORTH FL 33461		5. Date Organized or Qualified To Do Business in Florida 06/11/1999	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-0925971 Applied For Not Applicable	
8. Name and Address of Current Registered Agent BLODIG, GREGORY J ESQ %GREENSPOON, MARDER, HIRSCHFELD, RAFKIN 100 WEST CYPRESS CREEK ROAD, SUITE 700 FORT LAUDERDALE FL 33309		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: Anthony Bertucci Street Address (P.O. Box Number is Not Acceptable): 5501 COASTAL DR. City: BOCA RATON FL Zip Code: 33487	
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>Anthony Bertucci</i> Date: 10/28/02 REGISTERED AGENT MUST SIGN			

CR2E084 (8/02)

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
MGR	BERTUCCI, ANTHONY JR.	4077 LAKE WORTH ROAD	LAKE WORTH FL 33481

REINSTATEMENT 2002

11/6/02

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: *Anthony Bertucci* Date: 10/28/02 Daytime Phone #: 541-302-8787  
Typed or printed name of signing Managing Member/Manager: ANTHONY BERTUCCI JR.