

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

John Smith  
Secretary of State  
Division of Corporations

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 NOV 26 PM 3:32  
12/02

1. DOCUMENT # L99000003659

Name and Mailing Address

0001372 01 FP 0.352 \*\*PRSR T5 0 0615 33037-531002



ZVEST, L.L.C.  
2 S. PELICAN DR.  
KEY LARGO FL 33037-5310



REINSTATEMENT

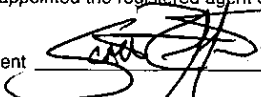
2002

CR2E084 (8/02)

2. New Mailing Address  City, State, Zip		4. State/Country of Formation  FL	
Principal Place of Business 2 S. PELICAN DR. KEY LARGO FL 33037		5. Date Organized or Qualified To Do Business in Florida 06/22/1999	
3. New Principal Place of Business Address  City, State, Zip		6. FEI Number 36-4341494	
		Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent  ZIFFERER, SCOTT C 2 S. PELICAN DR. KEY LARGO FL 33037		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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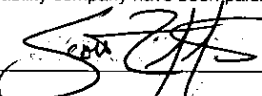
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent  Date 11/19/02

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	SCOTT C. ZIFFERER LIVING TRUST	2 SOUTH PELICAN DRIVE	KEY LARGO FL 33037

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 11/11/02 Daytime Phone # 305-367-2628

Typed or printed name of signing Managing Member/Manager SCOTT ZIFFERER