

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 28 PM 5:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L99000003806

Name and Mailing Address

0005252 01 AT 0.292 **AUTO T1 0 0615 33064-651099



1420 HOLDINGS, LLC
4699 NORTH FEDERAL HIGHWAY
POMPANO BEACH FL 33064-6510

MJH



10/28

2003

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/22/1999	
Principal Place of Business 4699 NORTH FEDERAL HIGHWAY POMPANO BEACH FL 33064	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-0936515	Applied For Not Applicable
8. Name and Address of Current Registered Agent SAUTTER, CHRISTIAN ESQ. 2900 EAST OAKLAND PARK BLVD., SUITE 200 FORT LAUDERDALE FL 33306		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E084 (7/03)

9. Name and Address of New Registered Agent	
Name RAYMOND GREAVES	Street Address (P.O. Box Number is Not Acceptable) 4699 N Fed Hwy
City Pompano Bch FL 3	FL Zip Code 33064

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 [Signature] REGISTERED AGENT MUST SIGN

Date 10/20/03

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	GREAVES, RAYMOND	4899 NORTH FEDERAL HIGHWAY	POMPANO BEACH FL 33064
MEM	WASHBURN, JOHN	4899 NORTH FEDERAL HIGHWAY	POMPANO BEACH FL 33064
			300024186943 10/28/03--01010--025 **100.00
			300024186943 10/28/03--01010--025 **50.00

REINSTATEMENT 2003

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 [Signature]

Date 10/20/03 Daytime Phone # 954-942-9942

Typed or printed name of signing Managing Member/Manager