

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

2004 APR -1 PM 4:57

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000004733

Name and Mailing Address

0013053 01 AT 0.292 \*\*AUTO T7 0 0615 33487-520450



HILLSBORO, LLC  
650 BOCA MARINA COURT  
BOCA RATON FL 33487-5204



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/29/1999	
Principal Place of Business 650 BOCA MARINA COURT BOCA RATON FL 33487	3. New Principal Place of Business Address	6. FEI Number 65-0948459	Applied For Not Applicable
City, State, Zip		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  ROTHSTEIN, HAROLD 650 BOCA MARINA COURT BOCA RATON FL 33487		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  200031588862 04701704--01011--002 **2005.00 FL City	
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>Harold Rothstein</i> <b>REQUIRED</b> Date 3/26/04 REGISTERED AGENT MUST SIGN			

CR2E084 (7/03)

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	ROTHSTEIN, HAROLD	650 BOCA MARINA COURT	BOCA RATON FL 33487

**REINSTATEMENT** 2003-04

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 *Harold Rothstein* **REQUIRED** Date 3/26/04 Daytime Phone # 561-994 0863

Typed or printed name of signing Managing Member/Manager