

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
DIVISION OF CORPORATIONS

1. DOCUMENT # L99000005063
Name and Mailing Address

0007642 01 AT 0.292 **AUTO TS 0 0615 33180-142950
SHAINA CONDO, L.C.
20803 BISCAYNE BLVD
SUITE 200
AVENTURA FL 33180-1429

03 OCT 21 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/16/1999	
Principal Place of Business 20803 BISCAYNE BLVD SUITE 200 AVENTURA FL 33180	3. New Principal Place of Business Address	6. FEI Number 22-3696415	Applied For Not Applicable
City, State, Zip		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 BEDZOW, MICHAEL 20803 BISCAYNE BLVD SUITE 200 AVENTURA FL 33180		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 REQUIRED** _____ 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
MGR	BEDZOW, MICHAEL	20803 BISCAYNE BLVD SUITE 200	AVENTURA FL 33180

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10/30/03--01023--009 **157.00
REINSTATEMENT 03 cus
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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 REQUIRED** _____ Date 10/16/03 Daytime Phone # 305 891-7987
Typed or printed name of signing Managing Member/Manager