

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB 26 PM 12:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000007288

Name and Mailing Address

0011568 01 SP 0.370 \*\*SGLP

0615 33410

CORNER PROPERTY, LLC  
3801 PGA BOULEVARD, STE. 555  
PALM BEACH GARDENS FL 33410

900013139659  
02726/03--01046--023 --\$200.00



<b>2. New Mailing Address</b> 1153 Town Center Drive, Suite 202 City, State, Zip: Jupiter, FL 33458		<b>4. State/Country of Formation</b> FL	
<b>3. New Principal Place of Business Address</b> 1153 Town Center Dr. Suite 202 City, State, Zip: Jupiter, FL 33458		<b>5. Date Organized or Qualified To Do Business in Florida</b> 11/01/1999	
<b>Principal Place of Business</b> 3801 PGA BOULEVARD, STE. 555 PALM BEACH GARDENS FL 33410		<b>6. FEI Number</b> 26-7800607	<b>Applied For</b> Not Applicable
<b>8. Name and Address of Current Registered Agent</b> DE GUARDIOLA, GEORGE 3801 PGA BOULEVARD, STE. 555 PALM BEACH GARDENS FL 33410		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
<b>9. Name and Address of New Registered Agent</b> Name: de. Guardiola, George Street Address (P.O. Box Number is Not Acceptable): 1153 Town Center Drive Suite 202 City: Jupiter FL Zip Code: 33458			
<b>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.</b> Signature of Registered Agent: <i>[Signature]</i> Date: 2/21/03 REGISTERED AGENT MUST SIGN			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	DE GUARDIOLA, GEORGE	3801 PGA BOULEVARD, STE. 555 1153 Town Center Drive Suite 202	PALM BEACH GARDENS FL 33410 Jupiter, FL 33458
<b>REINSTATEMENT</b> 02-03 <i>[Signature]</i>			

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 2/21/03

Daytime Phone #

561-691-5858

Typed or printed name of signing Managing Member/Manager