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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L99000008297

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
2002 NOV 15 AM 11:43
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000008297
Name and Mailing Address

0004161 01 FP 0.352 **PRSRT T3 0 0615 33431-613870
WALKERS ISLE, LC
770 N.E. 36TH ST.
BOCA RATON FL 33431-6138

CR2E084 (8/02)

2. New Mailing Address
898 N.E. 79th St.
City, State, Zip
Boca Raton FL 33487

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
11/29/1999

Principal Place of Business
770 N.E. 36TH ST.
BOCA RATON FL 33431

3. New Principal Place of Business Address
City, State, Zip

6. FEI Number
65-1030897
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

GIACHETTI, JULIE ANN
770 N.E. 36TH ST.
BOCA RATON FL 33431

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 _____ 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
MGRM	GIACHETTI, JULIE ANN	770 N.E. 36TH ST.	BOCA RATON FL 33431
MGRM	GIACHETTI, ALBERT	770 N.E. 36TH ST.	BOCA RATON FL 33431

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11/15/02--01013--007 **150.00

REINSTATEMENT 2002

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 11/16/02 Daytime Phone # 702 (561)

Typed or printed name of signing Managing Member/Manager A. GIACHETTI