
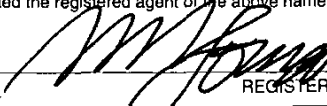
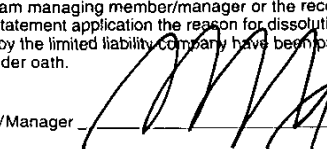


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L99000009350			
1. Limited Liability Company's Name FAMILY TRIBUTE CENTER, LLC. 888 SE THIRD AVE SK 501 FORT LAUDERDALE FL 33316			
2. Principal Office Address 888 SE THIRD AVE Suite, Apt. #, etc. #501		3. Mailing Office Address P.O. BOX 292037 Suite, Apt. #, etc.	
City & State FORT LAUDERDALE FL		City & State DAVIE FL	
Zip 33316	Country USA.	Zip 33329	Country USA.
4. State/Country of Formation FL/US.		5. Date Organized or Qualified To Do Business in Florida 12/30/99	
6. FEI Number 65-0970773		Applied For Not Applicable	
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			
Name FORMAN, M. AUSTIN			
Street Address (P.O. Box Number is Not Acceptable) 888 SE THIRD AVE, #501			
Suite, Apt. #, Etc.			
City FORT LAUDERDALE		State FL	Zip Code 33316
9. 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 11/23/00	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Forman, M. Austin	888 SE THIRD AVE #501	FORT LAUDERDALE FL 33316
11. 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 11/23/00	Daytime Phone (954) 581-0330
Typed or printed name of signing Managing Member/Manager			

FILED
00 NOV 27 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2000

CR2E041 (9/99)