

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF A LIMITED LIABILITY COMPANY OF FLORIDA  
 : FOR  
 REINSTATEMENT

FILED

03 DEC -4 PM 5:35

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

1. DOCUMENT # M00000000378

Name and Mailing Address

0015583 01 MB 0.309 \*\*AUTO T8 0 0615 19801-112009

TERESI ENTERPRISES, LLC

1209 ORANGE STREET

WILMINGTON DE 19801-1120



*PK*

2. New Mailing Address 2400 Laguna Drive		4. State/Country of Formation DE	
City, State, Zip Fort Lauderdale, FL 33316		5. Date Organized or Qualified To Do Business in Florida 02/24/2000	
Principal Place of Business 1209 ORANGE STREET WILMINGTON DE 19801	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-0943140	Applied For Not Applicable
8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

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 *Brian Courtney* Date *12/4/03*

**SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN  
 Asst. V. Pres.

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
MEM <i>MEM</i>	JOSEPH, TERESI	2400 LAGUNA DRIVE	FORT LAUDERDALE FL
		100025390201 12/10/03--01044--020 **150.00	
<b>REINSTATEMENT 2003</b>			

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 *Joseph Teresi* Date *11-21-03* Daytime Phone # *954-462-6114*

**SIGNATURE REQUIRED**  
 Joseph Teresi, Member

Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)