

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
DIVISION OF CORPORATIONS

03 MAR 21 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # M00000000609

Name and Mailing Address

0004271 01 FP 0.352 \*\*PRSRT T3 0 0615 33432-393744



3MS OF CITY PLACE LLC  
344 PLAZA REAL  
BOCA RATON FL 33432-3937



<b>2. New Mailing Address</b> City, State, Zip		<b>4. State/Country of Formation</b> DE	
<b>Principal Place of Business</b> 344 PLAZA REAL BOCA RATON FL 33432		<b>5. Date Organized or Qualified To Do Business in Florida</b> 03/30/2000	
<b>3. New Principal Place of Business Address</b> City, State, Zip		<b>6. FEI Number</b> 605-099-7890	
		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
<b>8. Name and Address of Current Registered Agent</b> CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<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 <u>Deborah D. Skipper</u> <b>Deborah D. Skipper</b> <b>Asst. V. Pres.</b> Date <u>1-20-03</u> 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	MAR RESTAURANT ASSOCIATES LLC	344 PLAZA REAL	BOCA RATON FL 33432
		300014068153 03/13/03--01059--025 **150.00	
		REINSTATEMENT 02-03	
		300014068153 03/13/03--01059--026 **50.00	
		AL	

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 11/21/02

Daytime Phone # (561) 393-6275

Typed or printed name of signing Managing Member/Manager

Michael Freundlich

CR2E084 (8/02)



FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

March 7, 2003

Florida Department of State  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

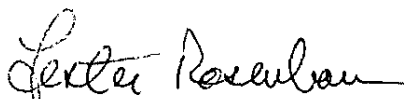
Re: 3 M's of City Place LLC  
EIN: 65-0997890  
Document #: M00000000609

Dear Sir/Madam:

Our client, the above referenced limited liability company, has received notice from the Florida Department of State that it has been administratively dissolved or revoked effective October 4, 2002. Enclosed please find an Application for Reinstatement, as well as a check payable to the Department of State in the amount of \$200.00.

If you have any questions or need additional information, please do not hesitate to contact the undersigned.

Very truly yours,

  
Lester Rosenbaum

LR:fp

Enclosure

Certified Mail RRR 7104 6163 4990 0000 6121