

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**MO1000001581**

FLORIDA DEPARTMENT OF STATE  
Tallahassee, Florida  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name and Mailing Address

900009667489  
12/24/02--01026--006 \*\*200.00



1451 W. CYPRESS CREEK RD., STE. 300 8400 No. University Dr. (suite 200)  
FT. LAUDERDALE FL 33309-1602

33321-1700

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2005

12/24

CR2E084 (8/02)

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.

Therese E. Parly

Daytime Phone # (480) 225-9507

Typed or printed name of signing Managing Member/Manager: \_\_\_\_\_