

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF REVENUE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 FEB -6 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M01000001602

Name and Mailing Address

0008259 01 FP 0.352 **PRSRT T5 0 0615 75235-228760



WOODCREST, LLC
1750 REGAL ROW, STE. 1010
DALLAS TX 75235-2287

REINSTATEMENT

2002-
2003



2. New Mailing Address 1349 Empire Central 12th Floor City, State, Zip Dallas, TX 75247		4. State/Country of Formation TX	
3. New Principal Place of Business Address 1349 Empire Central City, State, Zip Dallas TX 75247		5. Date Organized or Qualified To Do Business in Florida 07/18/2001	
Principal Place of Business 1750 REGAL ROW, STE. 1010 DALLAS TX 75235		6. FEI Number 75-2913691	
		Applied For Not Applicable	
8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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 <u>James A. Bordonaro</u> Date <u>1/14/03</u> REGISTERED AGENT MUST SIGN <u>Assistant Secretary</u>			
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
Pres	Fred Johansen (MGR)	1349 Empire Central	Dallas TX 75247
Pres	Fred Johansen (MGR)	1228 Greystone Place OTIS MAR, FL (MGR)	OLSMAR FL 34677
		200010184052	
		01/17/03--01040--002 **200.00	

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.

Signature of Managing Member/Manager Fred Johansen Date 1/7/03 Daytime Phone # 214 231 7700

Typed or printed name of signing Managing Member/Manager Fred Johansen