

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

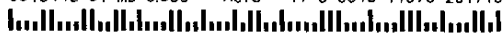
2004 MAR -4 PM 3:10

**DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**

1. DOCUMENT # M02000000857

Name and Mailing Address

0015442 01 MB 0.309 **AUTO T7 0 0615 11378-281718



4118 SOUTH SEAS PLANTATION LLC
58-18 64TH STREET
MASPETH NY 11378-2817



200023589582
10/06/03 01071 010 \$50.00

2. New Mailing Address		4. State/Country of Formation NY	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/01/2002	
Principal Place of Business 58-18 64TH STREET MASPETH NY 11378	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 75-2995031	Applied For Not Applicable
8. Name and Address of Current Registered Agent ARENA, PETER 4118 SOUTH SEAS PLANTATION ROAD #109 BUILDING C CAPTIVA ISLAND FL 33224		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, Apt, etc.) 4118 SOUTH SEAS PLANTATION ROAD #109 03/04/04 01005-004 **150.00	
		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		Date 1/28/04	
REGISTERED AGENT MUST SIGN			
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
MGR	ARENA, PETER	48-18 64TH STREET, PO BOX 780131	MASPETH NY 11378
MGR	FEHRENBACH, THOMAS	58-18 64TH STREET, PO BOX 780131	MASPETH NY 11378

REINSTATEMENT 2003-04

12. I certify that I am managing member/manager, sole 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

1/28/04

Daytime Phone

(718) 894-4769

Typed or printed name of signing Managing Member/Manager.