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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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -8 AM 11:40

1. DOCUMENT # M02000001868

Name and Mailing Address

0015353 01 MB 0.309 **AUTO T7 0 0615 07438-978807



PRUDENCIO CLASSICS, L.L.C.
7 STONYBROOK LANE
OAKRIDGE NJ 07438-9788



2. New Mailing Address <i>59 Sooth Road</i>		4. State/Country of Formation NJ	
City, State, Zip <i>Chester N.J. 07930</i>		5. Date Organized or Qualified To Do Business in Florida 07/17/2002	
Principal Place of Business 7 STONYBROOK LANE OAKRIDGE NJ 07438	3. New Principal Place of Business Address <i>SAME ABOVE</i> City, State, Zip <i>SAME ABOVE</i>	6. FEI Number 33-1010574	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent CAMACHO, BRUCE CENTURY VILLAGE, 3010 NEWPORT G DEERFIELD BEACH FL 33442	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Bruce Camacho* **REQUIRED** Date *Nov. 30, 2003*
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
MGRM	CAMACHO, BRUCE	3013 NEWPORT G	DEERFIELD BEACH FL 33442

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 *Bruce Camacho* Date *11-30-03* Daytime Phone # *212-929-4973*
Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)