

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

03 NOV -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. **DOCUMENT #** M02000003385

Name and Mailing Address

0005054 01 AT 0.292 **AUTO T1 0 0615 33040-656529



DUVAL STREET HOLDINGS, LLC
329 DUVAL STREET
KEY WEST FL 33040-6565



2. New Mailing Address		4. State/Country of Formation DE	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/17/2002	
Principal Place of Business 329 DUVAL STREET KEY WEST FL 33040	3. New Principal Place of Business Address	6. FEI Number APPLIED FOR	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent ARAZI, MORDECHAI 329 DUVAL STREET KEY WEST FL 33040	9. Name and Address of New Registered Agent Name Street Address (P.O. Box) 11/03/03-01057-015-**-150-00 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 **SIGNATURE REQUIRED** Date 10.30.03
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	ARAZI, MORDECHAI	329 DUVAL STREET	KEY WEST FL 33040

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 **SIGNATURE REQUIRED** Date 10.30.03 Daytime Phone (305) 2930992
Typed or printed name of signing Managing Member/Manager Mordechai ARAZI - MGR

CR2E034 (7/03)