

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

M9700000490

APPLICATION FOR REINSTATEMENT



Jim Smith Secretary of State DIVISION OF CORPORATIONS

FILED

FILED

1. DOCUMENT # M9700000490 Name and Mailing Address

03 MAR 19 PM 5:35 SECRETARY OF STATE TALLAHASSEE, FLORIDA

0006808 01 FP 0.352 \*\*PRSRT T1 0 0615 07960-521415 PENSACOLA 1997 ASSOCIATES, L.L.C. 15 MAPLE AVE MORRISTOWN NJ 07960-5214



Form sections: 2. New Mailing Address, 3. New Principal Place of Business Address, 4. State/Country of Formation, 5. Date Organized or Qualified To Do Business in Florida, 6. FEI Number, 7. CERTIFICATE OF STATUS DESIRED, 8. Name and Address of Current Registered Agent, 9. Name and Address of New Registered Agent, 10. Signature of Registered Agent, 11. Names and Street Addresses of Each Managing Member/Manager

CR2E984 (8/02)

REINSTATEMENT 2002-2003

BK

600008814116 11/05/02--01108--006 \*\*150.00

600008814116 03/18/03--01021--025 \*\*50.00

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 Date 10/3/02 Daytime Phone #