

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 30 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M98000000561

Name and Mailing Address

0007239 01 FP 0.352 **PRSR T2 0 0615 30005-226905

APARTMENT MEDIAWORKS, L.L.C.
1720 WINDWARD CONCOURSE, SUITE 430
ALPHARETTA GA 30005-2269

400009788544
01/02/03--01068--003 **150.00



2. New Mailing Address City, State, Zip		4. State/Country of Formation DE	
Principal Place of Business 1720 WINDWARD CONCOURSE, SUITE 430 ALPHARETTA GA 30005		5. Date Organized or Qualified To Do Business in Florida 06/03/1998	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 37-1352928	
		Applied For Not Applicable	
8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		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>Deborah D. Skipper</u> Deborah D. Skipper Date <u>12/30/02</u> Asst. V. Pres. 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	RADER, BRYAN J	1720 WINDWARD CONCOURSE, SUITE 430	ALPHARETTA GA 30005
MGRM	KAGAN, JOEL H	408 SOUND BEACH AVENUE	OLD GREENWICH CT 06870
MGR	WARNER, JOHN Daraviras, Nicholas	55 EAST 52ND STREET 520 Madison Ave	NEW YORK NY 10180 10022
MGRM	SCHEUER, HERBERT M JR.	1342 CARMICHAEL WAY	MONTGOMERY AL 36106-3891
MGR	FRIEDMAN, BRIAN P	55 EAST 52ND STREET 520 Madison Ave	NEW YORK NY 10180 10022
REINSTATEMENT			

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

By J. Ned

Date

12-20-02

Daytime Phone #

678-366-9900

Typed or printed name of signing Managing Member/Manager