

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

M98000000856

FILED

1. DOCUMENT # M98000000856

Name and Mailing Address

02 NOV -5 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0004115 01 FP 0.352 **PRSR T3 0 0615 33426-336030



SAVANNAH COURT, LLC
1301 N. CONGRESS AVE., STE. #130
BOYNTON BEACH FL 33426-3360



CR2E084 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation DE	
Principal Place of Business 1301 N. CONGRESS AVE., STE. #130 BOYNTON BEACH FL 33426		5. Date Organized or Qualified To Do Business in Florida 08/07/1998	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-0851992	
		Applied For Not Applicable	
		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 WALDORF, PAMELA J ESQ C/O WINTHROP, STIMSON, PUTNAM & ROBERTS 125 WORTH AVENUE, SUITE 310 PALM BEACH FL 33480		9. Name and Address of New Registered Agent Name: PJ Waldorf, PLC Street Address (P.O. Box Number is Not Acceptable): 2000 Centrepark West Dr. Suite 100 City: West Palm Beach FL Zip Code: 33409	
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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: Pamela J Waldorf Date: 10/26/02

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	ATLANTIC CAPITAL INVESTMENT GROUP, LLC	1301 N. CONGRESS AVE., STE. #130	BOYNTON BEACH FL 33426
		700008814107 11/05/02--01108--005 **150.00	
REINSTATEMENT 2002			
BRL			

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: Chuan S. Wang Date: 10-24-02 Daytime Phone #: 561-436-3636

Typed or printed name of signing Managing Member/Manager: Chuan S. Wang