

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

2003 DEC 24 AM 9:01

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # M99000001519

Name and Mailing Address

0012984 01 AT 0.292 **AUTO T7 0 0615 33486-350999



CIRCULAR LOGIC, L.L.C.

399 NW 7TH AVE.

BOCA RATON FL 33486-3509



2. New Mailing Address		4. State/Country of Formation CT	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/24/1999	
Principal Place of Business 399 NW 7TH AVE. BOCA RATON FL 33486-3509	3. New Principal Place of Business Address	6. FEI Number 23-2944370	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		9. Name and Address of New Registered Agent	
LARGE, EDWARD 399 NW 7TH AVE. BOCA RATON FL 33486		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 SIGNATURE REQUIRED Date 12/17/03 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
MGRM	LARGE, EDWARD	399 NW 7TH AVE.	BOCA RATON FL 33486-3509
MGRM	REAMS, JAMES	3785 RIVERSIDE WAY	DELRAY BEACH FL 33445
		000025757850 12/24/03--01049--015 **150.00	
		REINSTATEMENT 2003	

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

12/17/03

Daytime Phone #

561 297 3634

Typed or printed name of signing Managing Member/Manager

EDWARD

W. LARGE