PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 79700:0034696

1. Corporation Name

L.L.D. OF BOCA RATON, INC.

FILED

UI MAR 15 AM 8: 45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

,						•
2. Principal Office Address 3. Mailing Office Address						
1540 SW 47 TERR				1		
Suite, Apt: #, etc.	Suite, Apt. #,	etc.		4 Data too	and a Outliffed	
	Lotte 4 Over			Date Incorporated or Qualified To Do Business in Florida		
City & State	City & State			5. FEI Numb		Applied For
Ft. Lauderdale, FC	Zip	Countr			772208	Not Applicable
33317 USA	F			6. CERTIFICAT	e of status desired 58.75	Additional Fee required a Certificate of Status
	7. N	lame and Address o	of Current Register	ed Agent		
Name LEWIS W. C	000	CO -111			^	0
Street Address (P.O. Box Number is N	Not Acceptable)	•			760	
1540 SW 2	FT TE	er_		TATE	MENT 2000	10A
Suite, Apt. #, Etc.			REIM	914. .		
City	M.C				State Zip Code	
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8. I, being appointed the registered agent of the abo		iration, am familiar wi	th and accept the of	oligations of sect	_	. 1
Signature of Registered Agent Agent Agent MUST SIGN Date 3						
9. Names and Street Addresses of Each Officer an		er in the second of the second	ations must list at le	ast 3 directors)		
Titles Name of			eet Address of Each		City / State / Zip	
P.ST Larry J. Abroma	Larry J. Abromavich		C. Deve		Boca Raton FL	921/07
,	VICN	O TC IOA	fn Drive		POCH ACHION 1C	754 <u>64</u>
D LINDA Eilbert		5511 Han	alet Hill	s Ct	FAIRFAX VA	22030
o shelly campbe	shelly campbell		2615 Colgate Ct		Lakeworth, FL 33460	
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	<u>-</u>				****908.75	****908.75
	A STATE OF THE CORP.	mana a managa a ana ana ana ana ana ana ana ana	a to die to an every			
10 Londify that Lam an officer or director or the room	iliune ar tructan ar		this application as a	المام المسائم المسائم المسائم		-4/6 - 4E - 1 - 1 - 1 - 1 - 1 - 1 - 1

0. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/2001

Daytime Phone #

CR2E081 (9/00)