*PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY **COMPANY** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

٠, ;

DOCUMENT # Z00324

1. Limited Liability Company's Name

FRIFTCO

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

01 APR 20 PM 1:20

FRIEDCO, E.C.					
		C	1/29/00		
2. Principal Office Address		3. Mailing Office Address			
2501 S. Ocean Drive		2501 S. Ocean Drive		4. State/Country of Formation	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_Florida	
				5. Date Organized or Qualified To Do Business in Florida	
City & State	* - *	City & State		December 20, 1990 Applied	d For
Hollywood, FL		Hollywood, FL			
Zip	Country	Zip	Country		plicable
33019	USA	33019	USA	CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee for a Certificate of	
		8. Name	and Address of Current Regi	istered Agent	
	Name	<u> </u>	,		
,	FROST TRWIN M			1	
	FROST, IRWIN M. Street Address (P.O. Box Number	is Not Acceptable)			-5
	AN TO XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX XXX XXX 100	treet -04/24/0101003 W U	1	
	Suite, Apt. #, Etc.			****200.00 ****200.	.00
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	th Eloor		شعالته فالمستوي والمعتبية الأراب عليمان المناسبات الماليمين والمالي	
	City			State Zip Code	٠,
	Miomi			FL 33131	

4/11/01 Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers Street Address of Each Managing Member/Manager Titles City / State / Zip Member Friedland, Jack <u>186 Spyglass Lane</u> Jupiter, FL-33 Member Friedland, Harold 16420 Maddalena Place <u>Delray Bch</u> 446 Member Cowan, Marjorie F. 1615 Diplomat Parkway Hollywood, F£ 33019 Member Friedland, Leonard 4000 Towerside Terrace Miami, FL 33138

9. 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.

11. 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 filling 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 of

Typed or printed name of signing Managing Member/Manager _ Jack_Friedland