

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

|  |   |  |
|--|---|--|
| <b>LIMITED LIABILITY COMPANY REINSTATEMENT</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # L00000001208**

1. Limited Liability Company's Name  
**1481 WEST 41ST STREET, L.L.C.**

|  |                      |   |                      |
|--|----------------------|---|----------------------|
| 2. Principal Office Address<br><b>7089 W 4th Court</b> |                      | 3. Mailing Office Address<br><b>c/o ATER Registered Agents,</b> |                      |
| Suite, Apt. #, etc.                                    |                      | Suite, Apt. #, etc.<br><b>2601 South Bayshore Drive, #600</b>   |                      |
| City & State<br><b>Hialeah, Florida</b>                |                      | City & State<br><b>Coconut Grove, Florida</b>                   |                      |
| Zip<br><b>33014</b>                                    | Country<br><b>US</b> | Zip<br><b>33133</b>   | Country<br><b>US</b> |

|  |  |
|--|--|
| 4. State/Country of Formation<br><b>Florida</b>  |  |
| 5. Date Organized or Qualified To Do Business in Florida<br><b>02/02/2000</b>  |  |
| 6. FEI Number  | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> 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

Name  
**ATER Registered Agents, LLC**

Street Address (P.O. Box Number is Not Acceptable)  
**2601 South Bayshore Drive**


Suite, Apt. #, Etc.  
**Suite 600**

City  
**Coconut Grove**

State  
**FL**

Zip Code  
**33133**

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.

Signature of Registered Agent  Date **6/4/04**

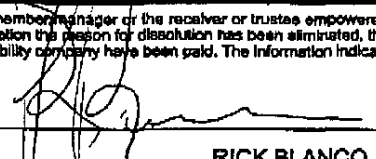
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip     |
|--------|-----------------------------------|--|------------------------|
| MGRM   | BLANCO, IMILSE                    | 7089 W 4th Court                               | Hialeah, Florida 33014 |
| MGRM   | BLANCO, JR., RICK                 | 7089 W 4th Court                               | Hialeah, Florida 33014 |
|        |                                   |  |                        |
|        |                                   |  |                        |

**REINSTATEMENT** 2002-2003  
2004

11. I certify that I am managing member/manager of 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  Date **6/4/04** Daytime Phone# **305-439-9954**

Typed or printed name of signing Managing Member/Manager **RICK BLANCO, JR.**

Florida Department of State  
Division of Corporations  
Public Access System

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6/4 Reinst.

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Account Number : I20030000013  
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STATE  
TALLAHASSEE  
FLORIDA

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**LIMITED LIABILITY REINSTATEMENT**

1481 WEST 41ST STREET, L.L.C.

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
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