

FILED

02 MAR -7 PM 1:32

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L00000001726

1. Limited Liability Company's Name

CREME DE LA CREME, LLC

2. Principal Office Address

1100 Lincoln Road

3. Mailing Office Address

1100 Lincoln Road

Suite, Apt. #, etc.

H

Suite, Apt. #, etc.

H

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33139

Country

USA

Zip

33139

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

2/10/2000

6. FEI Number

65-0991602

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Michael P. Gable

Street Address (P.O. Box Number is Not Acceptable)

4000 Hollywood Boulevard

Suite, Apt. #, Etc.

Suite 735 South Tower

City

Hollywood

State

FL

Zip Code

33021-6755

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

[Signature]

Date

2/20/02

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Table with 4 columns: Titles, Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Row 1: Max, Rainer N. Filthaut, 4901 Tamiami Trail North, Naples, FL 34103. Includes 'REINSTATEMENT' stamp and signature.

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 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]

Date

2/11/02

Daytime Phone #

941 213 4444

Typed or printed name of signing Managing Member/Manager Rainer Filthaut

CR2E041 (8/01)