
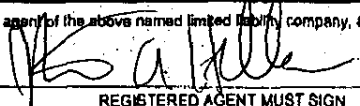
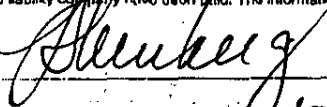


FILED

02 JAN 30 PM 3:48

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L00000003453					
1. Limited Liability Company's Name BLUEVIEW, LLC					
2. Principal Office Address 1800 Purdy Avenue Suite, Apt. #, etc. Suite 902 City & State Miami Beach, FL Zip 33139		3. Mailing Office Address 300 N. Swall Drive Suite, Apt. #, etc. Suite 105 City & State Beverly Hills, CA Zip 90211		4. State/Country of Formation Florida	
				5. Date Organized or Qualified To Do Business in Florida 3/28/2000	
				6. FEI Number 65-0993462	
				Applied For 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 Jonathan A. Heller, Esq.					
Street Address (P.O. Box Number is Not Acceptable) 888 Brickell Avenue					
Suite, Apt. #, Flc. Sixth Floor					
City Miami		State FL		Zip Code 33131	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 808, F.S.					
Signature of Registered Agent 				Date 1/28/02	
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	
MGR	Lewis M. Steinberg	300 N. Swall Drive, #105		Beverly Hills, CA 90211	
MGR	Susi Z. Steinberg	300 N. Swall Drive, #105		Beverly Hills, CA 90211	
REINSTATEMENT					
01-02 dce					
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 808, 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 1-24-02	
				Daytime Phone # (305) 695-9490	
Typed or printed name of signing Managing Member/Manager LEWIS M. STEINBERG					

CR2281 (8/01)

HELLER AND CHAMES, P.A.
ATTORNEYS AT LAW

JONATHAN A. HELLER
DEBORAH S. CHAMES
HOLLY S. GROSS
JUDITH L. GELBER

MIAMI OFFICE
888 BRICKELL AVENUE
SIXTH FLOOR
MIAMI, FLORIDA 33131
DADE (305) 372-5000
FACSIMILE (305) 372-0052

BROWARD OFFICE
3109 STIRLING ROAD - SUITE 101
FT. LAUDERDALE, FLORIDA 33312

PLEASE REPLY TO MIAMI

January 28, 2002

Federal Express

Secretary of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Re: Blueview, LLC

Dear Sir or Madam:

Enclosed please find Limited Liability Company Reinstatement application for the above-referenced company, together with a check in the amount of \$200.00 as the reinstatement fee and annual report fee.

Thank you in advance for your prompt attention to this matter.

Very truly yours,


JONATHAN A. HELLER

JAH/mak
Enclosures