

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L00000006538

1. Limited Liability Company's Name

CAROGAR-109, LLC

REINSTATEMENT 2001-2002

2. Principal Office Address

12393-2 PEMBROKE RD

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

Zip

33025

Country

USA

3. Mailing Office Address

c/o IRA L ZUCKERMAN

2200 N. COMMERCE PKWY

Suite, Apt. #, etc.

SUITE 206

City & State

WESTON, FL

Zip

33326

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

6/07/2000

6. FEI Number

65-1012895

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DES RES

\$500 Additional Fee required for a Certificate of Status.

8. Name and Address of Current Registered Agent

Name

IRA L. ZUCKERMAN

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

2200 N. COMMERCE PARKWAY

Suite, Apt. #, Etc.

SUITE 206

City

WESTON

State

FL

Zip Code

33326

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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

1/10/02

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
MM	FABIAN T. GARCIA	8A CAMDEN PARK	SINGAPORE 299799
	REINSTATEMENT	2001-2002	

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

Date

1/10/02

Daytime Phone

(954)344-1969

Typed or printed name of signing Managing Member/Manager

FABIAN T. GARCIA

CR2E041 (9/01)