

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

102

2001-
LIMITED LIABILITY COMPANY
REINSTATEMENT
 UBR

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

FILED
 OCT 29 PM 12:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # L-6829
1. Limited Liability Company's Name
 LAVIAN

2. Principal Office Address
 3010 NE 46th Street
 Suite, Apt. #, etc. X
 City & State
 Light House Point Fl.
 Zip 33064 Country USA

3. Mailing Office Address
 3010 NE 46th Street
 Suite, Apt. #, etc. X
 City & State
 Light House Point Fl.
 Zip 33064 Country U.S.A

REINSTATEMENT 2001

4. State/Country of Formation
 Florida

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number
 65-1105-738
 Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED **65.00 Additional Fee required for a Certificate of Status**

B. Name and Address of Current Registered Agent

Name ~~JENNIFER G...~~ VINCENT BOLSONN
 Street Address (P.O. Box Number is Not Acceptable)
 3010 NE 46th ST
 Suite, Apt. #, Etc.
 City ~~Beam~~ Light House Pt. Fl. State FL Zip Code 33064

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 VN Bolsonn Date 10-25-01
 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
	VINCENT BOLSONN	Same as Above	Same as Above

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 11706701--01003--035
 *****50.00 *****50.00

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 VN Bolsonn Date 10-25-01 Daytime Phone # 954-942-0055
 Typed or printed name of signing Managing Member/Manager

CR25041 (9/01)