


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b> 		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED 01 OCT 29 PM 12:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # <b>L00000009476</b>				
1. Limited Liability Company's Name <b>STEVE SIMON ENTERPRISES LLC</b>				
2. Principal Office Address <b>1455 OCEAN DRIVE</b> Suite, Apt. #, etc. <b>UNIT 1508</b> City & State <b>MIAMI BEACH, FL</b> Zip <b>33139</b>		3. Mailing Office Address <b>1455 OCEAN DRIVE</b> Suite, Apt. #, etc. <b>UNIT 1508</b> City & State <b>MIAMI BEACH, FL</b> Zip <b>33139</b>		
4. State/Country of Formation <b>FLORIDA</b>		5. Date Organized or Qualified To Do Business in Florida <b>AUG. 8, 2000</b>		
6. FEI Number <b>65-108-3891</b>		Applied For <input type="checkbox"/> Not Applicable		
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status		

**REINSTATEMENT 2001**

8. Name and Address of Current Registered Agent			
Name <b>STEVE SIMON</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>1455 OCEAN DRIVE</b>		<del>500004666545-6</del> <del>-11/06/01--01001--018</del> <del>****150.00 ****150.00</del>	
Suite, Apt. #, Etc. <b>UNIT 1508</b>			
City <b>MIAMI BEACH</b>		State <b>FL</b>	Zip Code <b>33139</b>

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 *Steve Simon* Date **OCT. 22, 2001**

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	STEVE SIMON	1455 OCEAN DRIVE, UNIT 1508	MIAMI BEACH, FL 33139

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 *Steve Simon* Date **OCT. 22, 2001** Daytime Phone # **305-532-7778**

Typed or printed name of signing Managing Member/Manager **STEVE SIMON**

CR2ED41 (9/01)