

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

02 JAN -7 AM 9:33

DOCUMENT # **L00000014079**

1. Limited Liability Company's Name

MEDICCI ART, L.L.C.

2. Principal Office Address 1221 Brickell Avenue Suite, Apt. #, etc. 9th Floor City & State Miami, Florida Zip 33131		3. Mailing Office Address 1221 Brickell Avenue Suite, Apt. #, etc. 9th Floor City & State Miami, Florida Zip 33131		4. State/Country of Formation Florida, United States	
Country Miami-Dade		Country Miami-Dade		5. Date Organized or Qualified To Do Business in Florida	
				6. FEI Number 65-1055164	
				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: Andrew Cuevas, Esq.

Street Address (P.O. Box Number is Not Acceptable): 536 Biltmore Way

Suite, Apt. #, Etc.

City: Coral Gables

State: FL Zip Code: 33134

700004778007--0
 -01/16/02--01046--005
 ***200.00 *** 200.00

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: *Andrew Cuevas* Date: 1/4/02

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
MGRM	Kepets, Tomas	1221 Brickell Avenue 9th Floor	Miami, Florida 33131
			Rein 100 01 UBR 50 02 UBR 50 ----- 200.00
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: *[Signature]* Date: 1/4/02 Daytime Phone#: (305) 995-8226

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/01)