
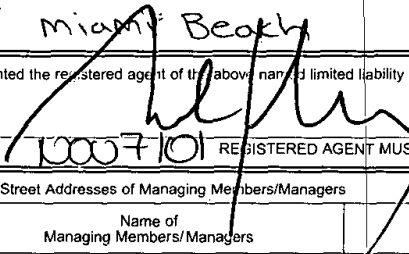
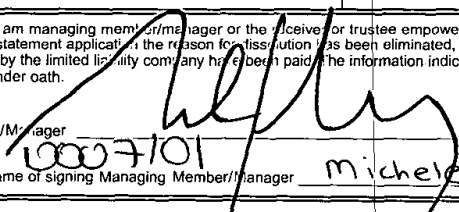


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED 01 NOV -9 PH 12: 17 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # L-14994		REINSTATEMENT 2001	
1. Limited Liability Company's Name Casa Tua Hotel & Restaurant Company, L.L.C.		4. State/Country of Formation Florida	
2. Principal Office Address 1700 James Avenue <small>Suite, Apt. #, etc.</small>	3. Mailing Office Address 1700 James Avenue <small>Suite, Apt. #, etc.</small>	5. Date Organized or Qualified To Do Business in Florida December 4, 2000	
City & State Miami Beach, FL	City & State Miami Beach, FL	6. FEI Number 65-1060314 <small>Applied For / Not Applicable</small>	
Zip Country 33139 U.S.A.	Zip Country 33139 U.S.A.	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name Michele Grendene		500004695505-5 -11/27/01--01067--024 ****150.00 ****150.00	
Street Address (P.O. Box Number is Not Acceptable) 445 East Riva Alto Drive			
Suite, Apt. #, Etc.			
City Miami Beach		State FL	Zip Code 33139
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 _____	
10007101 REGISTERED AGENT MUS 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	Michele Grendene	445 East Riva Alto Drive	Miami Beach, FL 33139
11. I certify that I am managing member/manager or the officer 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 _____ Daytime Phone # (305) 673-1010	
Typed or printed name of signing Managing Member/Manager Michele Grendene			

CRZEM1 (9/01)