

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

02 JUN 17 PM 4:42

SECRETARY OF STATE TALLAHASSEE FLORIDA

DOCUMENT # L00000016111

1. Limited Liability Company's Name

F ASSOCIATES, LLC

2. Principal Office Address

2800 Islands Blvd # 2702 Suite, Apt. #, etc. 2702

City & State Aventura, Fla.

Zip Country 33160 USA

3. Mailing Office Address

2800 Islands Blvd Suite, Apt. #, etc. 2702

City & State Aventura, Fla.

Zip Country 33160 USA

2001-2002

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

165-0917047

Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

MJH

8. Name and Address of Current Registered Agent

Name

Fanny Fraynd

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

2800 Islands Blvd # 2702

Suite, Apt. #, Etc.

2702

City

Aventura

State

FL

Zip Code

33160

200005914102-6

06/24/02-01012-006

***205.00 ***205.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 06/09/02

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	Fanny Fraynd	2800 Islands Blvd # 2702	Aventura, Fla. 33160
D	Marcos Fraynd	500 NW 165th Rd	Miami, Fla. 33169
			50.00-CF
			150.00-ADM
			5.00-Cut

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 06/09/02

Daytime Phone # (305) 495-7684

Typed or printed name of signing Managing Member/Manager

FANNY FRAYND

CR2E041 (9/95)