

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

L01000005483



DIVISION OF CORPORATIONS

03 JAN 14 PM 4:50

SECRETARY OF STATE TALLAHASSEE FLORIDA

1. DOCUMENT # L01000005483
Name and Mailing Address

0007598 01 FP 0.352 **PRSRT T3 0 0615 33193-295787
FABLEX ENTERPRISES LLC
15787 S.W. 77 ST.
MIAMI FL 33193-2957

MJH



1/14/2002

2. New Mailing Address <i>Same</i>		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/10/2001	
Principal Place of Business 15787 S.W. 77 ST. MIAMI FL 33193	3. New Principal Place of Business Address <i>Same</i>	6. FEI Number 65-1131252	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent LUIS VILLA, FRANCISCO 15787 S.W. 77 ST. MIAMI FL 33193		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

10. 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: *Francisco Luis Villa M* Date: *DEC 23/02*

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Manager	Luis Enrique Rojas	4830 NW 102 AVE. MIAMI FL 33178	600008964686 11/13/02--01039--029--**100.00
Manager	Piedad Villa Rojas	15787 SW 77 St. Miami FL 33193	10/21/02 01080 010 \$55.00

12. 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: *Francisco Luis Villa M* Date: *NOV 7/02* Daytime Phone: *386 234 06 82*

Typed or printed name of signing Managing Member/Manager: FRANCISCO LUIS VILLA M

CR2E084 (8/02)