


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
 04 FEB 17 AM 11:51
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L01000008044

1. Limited Liability Company's Name
 Laso Investments, LLC

2. Principal Office Address 5485 S. Orange Blossom Tr. Suite, Apt. #, etc.		3. Mailing Office Address 5485 S. Orange Blossom Tr. Suite, Apt. #, etc.	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32839	Country USA	Zip 32839	Country USA

4. State/Country of Formation
 FL / USA

5. Date Organized or Qualified To Do Business in Florida
 May 17, 2001

6. FEI Number 59-3719491 Applied For: Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

900028853349
 02/17/04--01023--002 **250.00

8. Name and Address of Current Registered Agent

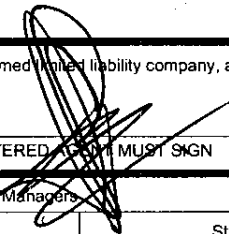
Name: Jose L. Laso

Street Address (P.O. Box Number is Not Acceptable): 3692 Seminole Drive

Suite, Apt. #, Etc.:

City: Orlando State: FL Zip Code: 32812

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: 02/05/2004

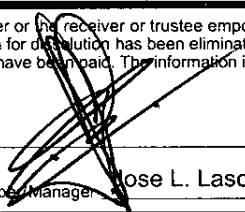
REGISTERED AGENT MUST SIGN

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	Jose L. Laso	3692 Seminole Drive	Orlando, FL 32812
Mgr	Claudio Laso	7307 Fulcrum Avenue	Orlando, FL 32812

REINSTATEMENT 02-04

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:  Date: 02/05/2004 Daytime Phone #: 407-888-0035

Typed or printed name of signing Managing Member/Manager: Jose L. Laso

CR2E041 (10/02)