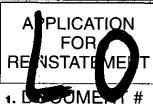
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



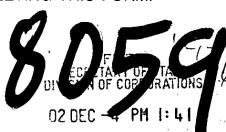


DA DEPARTMENT OF STATES

Fin Scan

Sec Itan of State

DISION OF CHROFF (ICL)



Name and Mailing Address

2. New Mailing Address



4. State/Country of Formation

3710 3W 154CT				FL		
Miami, FL 33/85				5. Date Organized or Qualified To Do Business in Florida 05/18/2001		
	ace of Business	3. New Principal Place of Busine SOUTH 37/0 5W	ss Address 6. FEI Numbe	6. FEI Number Applied For		
12111 SW 110TH STREET-CIRCLE SOUTH 37/0			15401		X Not Applicable	
IVIII	Will E 00100	Ligami. FL 331	25 CERTIFICATE	OF STATUS DESIRED 🔀 \$5.00 for	Additional Fee required a Certificate of Status	
	8. Name and Address of Current F	TO THE PERSON CONTRACTOR OF THE PERSON OF TH	9. Name and A	9. Name and Address of New Registered Agent		
121	NEZ, GENELLY 111 SW 110TH STREET - CIRCL AMI FL 33186	E SOUTH	Name Aida Vunez Street Address (P.O. Box Nunpanis man replace 5.5.20 7.3710 5.00 12704/62 01090 002 **150.00			
			City Miami	FL	Zip Code 33185	
Signature o	Agent Mya Mark	SISTERY DAGENT MUST SIGN	am familiar with and accept the oblig	ations of Chapter 608, F.S. Date		
1. Name:	s and Street Addresses of Each Managing	Member/Manager				
Title(s)	Name of Managing Members/Managers		et Address of Each ing Member/Manager	City / State / Zip		
• MGRM	NUNEZ, STARLEY F	12111 SW 110	12111 SW 110TH STREET - CIRCLE SOUTH		-	
MGRM	NUNEZ, STUART J	12111 SW 110	12111 SW 110TH STREET CIRCLE SOUTH			
MGRM	NUNEZ, FELIX J	12111 SW 110	TH STREET - CIRCLE SOUTH	MIAMI FL		
			7000	09356207	7	
	REINSTATEME	NT ZOOZ		· · · · · · · · · · · · · · · · · · ·		
				\		
2. I certify	that I am managing member/manager or	the receiver or trustee empowered t	o execute this application as provide	d for in chapter 608 ES I for	bor portify that when	

filing this reinstatement application the receiver of trasted in execute this application as provided for in chapter 608, F.S. Truther certify that when filing this reinstatement application the receiver of trasted entitles as file in 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

Sta

Date ///6/02

Daytime Phone # (305)490-3752