

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2006 MAR -9 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

BRK

CR2E041 (8/05)

DOCUMENT # L01000010968

1. Limited Liability Company's Name
ALVIS ENTERPRISES, LLC

04

2. Principal Office Address 1230 S.W. 126 PLACE		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33184	Country USA	Zip	Country

4. State/Country of Formation Florida/Miami-Dade	
5. Date Organized or Qualified To Do Business in Florida 07/06/2001	
6. FEI Number 223891799	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
ROMERO, PEDRO

Street Address (P.O. Box Number is Not Acceptable)
1230 S.W. 126 PLACE

Suite, Apt. #, Etc.

City
Miami, FL

State
FL

Zip Code
33184

200068100122
03/20/06--01018--003 #150.00

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 *Pedro Romero* Date **03/08/2006**

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
MGRP	ROMERO, PEDRO	1230 S.W. 126 PLACE	Miami, FL 33184
MGRS	HEVIA, GILBERT	5310 NW 104 AVENUE #108	MIAMI FL 33178
MGRM	MARKO, DAVID E	3001 SW THIRD AVENUE	MIAMI FL 33129
MGRM	DE LA O, MIGUEL M	3001 SW THIRD AVENUE	MIAMI FL 33129

REINSTATEMENT 2004-2006

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 *Pedro Romero* Date **03/08/2006** Daytime Phone # **305-218-7348**

Typed or printed name of signing Managing Member/Manager **ROMERO, PEDRO**

201000010968

2006 MAR -9 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

AS PER OUR PHONE CONVERSATION I AM SENDING TO YOU THIS LETTER OF EXPLANATION AND THE UBR FORM ALONG WITH A CHECK TO PROPERLY UPDATE CORPORATION I FURTHER STATE THAT I DID NOT RECEIVE THE NOTICE FOR 2004 UBR FIRST NOR SECOND NOTICE. I WOULD LIKE TO RESOLVE THIS ISSUE, PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

CORDIALLY,



PEDRO ROMERO
PRESIDENT

