

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L01000014868  
Name and Mailing Address

2003 NOV 17 AM 10:03

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

0006289 01 AT 0.292 \*\*AUTO T5 0 0615 33141-469438  
VECO INVESTMENTS, L.L.C.  
6538 COLLINS AVE. SUITE 427  
MIAMI BEACH FL 33141-4694



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/30/2001	
Principal Place of Business 401 HIALEAH DRIVE HIALEAH FL 33010	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-1137591	Approved For Not Applicable
8. Name and Address of Current Registered Agent BRODIE, SIDNEY Z 7270 NW 12TH STREET PH-1 MIAMI FL 33126		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

9. Name and Address of New Registered Agent	
Name Orlando Cordoves	Street Address (P.O. Box Number is Not Acceptable) 6538 COLLINS AVE SUITE 427
10/24/03--01012--010 **150.00	
City Miami Beach	FL Zip Code 33141

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 [Signature] REGISTERED AGENT MUST SIGN Date 11-6-03

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
MGRM	CORDOVES, ORLANDO	6538 COLLINS AVE. SUITE 427	MIAMI BEACH FL 33141
MGRM	VELASCO, ROBERTO	6538 COLLINS AVE. SUITE 427	MIAMI BEACH FL 33141

REINSTATEMENT 2003

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 [Signature] REGISTERED AGENT MUST SIGN Date 10-18-03 Daytime Phone # 305-887-3253

CR2E084 (7/03)