

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILLED

04 MAY -4 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000015915

1. Limited Liability Company's Name

CALZADO LOREN LLC

REINSTATEMENT 2002-
2004

2. Principal Office Address

c/o 20221 n.e 10th ct

Suite, Apt. #, etc.

City & State
Miami, Florida

Zip
33179

Country
USA

3. Mailing Office Address

c/o 20221 n.e 10th ct

Suite, Apt. #, etc.

City & State
Miami, Florida

Zip
33179

Country
USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

Applied For
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
AMERICA VISA NETWORK LLC

Street Address (P.O. Box Number is Not Acceptable)
20221 N.E 10TH CT

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33179

800036273978
05/13/04--01069--002 **100 00
800036273978
05/13/04--01069--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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 03/18/2004

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
MGRM	VILLANUEVA, JOSE	C/O 20221 N.E 10TH CT	Miami, FL 33179
MGRM	HERNANDO GARCIA, CAMILO GIRAL	C/O 20221 N.E 10TH CT	Miami, FL 33179
MGRM	DUQUE, NIDIA	C/O 20221 N.E 10TH CT	Miami, FL 33179

REINSTATEMENT 2002-
2004

[Handwritten Signature]

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

[Handwritten Signature]

Date 03/12/2004

Daytime Phone #

JOSE VILLANUEVA

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)