


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 05 SEP 16 AM 8:25

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT #**  
 1. Limited Liability Company's Name  
 M & R, LLC

LD1000017013

<b>2. Principal Office Address</b> 18101 Collins Avenue		<b>3. Mailing Office Address</b> Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sunny Isles Beach, FL		City & State	
Zip 33160	Country	Zip	Country

CR2E041 (8/05)

**4. State/Country of Formation**  
Florida

**5. Date Organized or Qualified To Do Business in Florida**  
10/04/2001

**6. FEI Number**  
450473127

Applied For	Not Applicable
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**7. CERTIFICATE OF STATUS DESIRED**  **\$5.00 Additional Fee required for a Certificate of Status**

**8. Name and Address of Current Registered Agent**

Name  
DAVID SHEAR

Street Address (P.O. Box Number is Not Acceptable)  
201 ALHAMBRA CIRCLE

Suite, Apt. #, Etc.  
STE. 601

City  
CORAL GABLES

State  
FL

Zip Code  
33134

REINSTATEMENT 03-05

**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 9-13-05

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	MICHAEL DEZER	18101 Collins Avenue	Sunny Isles Beach, FL 33160
MGR	NEOMI DEZERTZOV	18101 Collins Avenue	Sunny Isles Beach, FL 33160
			500060362355 10/07/05--01048--014 **250.00

**11.** I certify that I am managing member/manager of 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 9-13-05 Daytime Phone # (305) 357-1001

Typed or printed name of signing Managing Member/Manager David Shear, as authorized agent