


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 14 AM 11:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # W01000018875

1. Limited Liability Company's Name  
Zoe Enterprises, LLC

2. Principal Office Address  
1300 Brickell Ave.  
Suite, Apt. #, etc.

3. Mailing Office Address  
<SAME>  
Suite, Apt. #, etc.

City & State  
Miami, FL

City & State  
Miami, FL

Zip Country Zip Country  
33131 USA

4. State/Country of Formation  
Florida

5. Date Organized or Qualified To Do Business in Florida  
11/10/03

6. FEI Number  
65-1156177

7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status

2m3 2004

8. Name and Address of Current Registered Agent

Name  
Millie Sanchez

Street Address (P.O. Box Number is Not Acceptable)  
1300 Brickell Ave.

Suite, Apt. #, Etc.

City  
Miami

State Zip Code  
FL 33131

000032745110  
04/14/04-01046-006 \*\*200.00

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 [Signature] Date 11/29/03

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
MGRM	<del>Zoe Enterprises Properties Corp.</del>	<del>1300 Brickell Ave.</del>	<del>Miami, FL 33131</del>
MGRM	Sergio Weissmann	1300 Brickell Ave.	Miami, FL 33131

**REINSTATEMENT 2003-2004**  
[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 [Signature] Date \_\_\_\_\_ Daytime Phone# \_\_\_\_\_

Typed or printed name of signing Managing Member/Manager Sergio Weissmann, Managing Member

CR2E041 (10/02)