

L02000002726

LIMITED LIABILITY COMPANY
REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2004 APR 16 AM 8:44

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L02000002726

1. Limited Liability Company's Name
SILBET L.L.C.

REINSTATEMENT 2003-2004

500031355925
03/29/04--01092--004 **205.00

2. Principal Office Address 1390 Brickell Avenue, Suite, Apt. #, etc. Suite 200 City & State Miami, FL Zip 33131 Country USA		3. Mailing Office Address 1390 Brickell Avenue, Suite, Apt. #, etc. Suite 200 City & State Miami, FL Zip 33131 Country USA	
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4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 02/04/2002	
6. FEI Number 75-3013969	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Alvaro Castillo B., P.A.	
Street Address (P.O. Box Number is Not Acceptable) 1390 Brickell Avenue,	
Suite, Apt. #, Etc. Suite-200	
City Miami	State FL Zip Code 33131

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 4-9-04

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	Michanie, Alberto	1390 Brickell Avenue, Suite 200	Miami, FL 33131
MGR	Bellacar, Silvana Beatriz	1390 Brickell Avenue, Suite 200	Miami, FL 33131

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 03/15/2004 Daytime Phone# 786-285-6553

Typed or printed name of signing Managing Member/Manager Alberto Michanie; Managin Member