

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

DOCUMENT # L02000015020

2004 MAY 10 P 2:52

1. Limited Liability Company's Name

KONARQUI, LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
200035830672  
05/10/04--01109--004 \*\*200.00

2. Principal Office Address

7535 N KENDALL DR

3. Mailing Office Address

739 CRANDON BLVD

Suite, Apt. #, etc.

K-108

Suite, Apt. #, etc.

APT # 301

City & State

MIAMI, FL

City & State

KEY BISCAYNE, FL

Zip

33156

Country

Zip

33149

Country

4. State/Country of Formation

FLORIDA/USA

5. Date Organized or Qualified To Do Business in Florida

06/17/02

6. FEI Number

11-3681733

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

JORGE DE MARCHENA

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

739 CRANDON BLVD, 11

Suite, Apt. #, Etc.

APT # 301

City

KEY BISCAYNE

State

FL

Zip Code

33149

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

REGISTERED AGENT MUST SIGN

Date

5-6-04

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
<u>MEMBER</u>	<u>JORGE DE MARCHENA</u>	<u>739 CRANDON BLVD, #301</u>	<u>KEY BISCAYNE, FL 33149</u>

**REINSTATEMENT 03-04**

**FBI**

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

Date

5-6-04

Daytime Phone #

786-488 9017

Typed or printed name of signing Managing Member/Manager

JORGE DE MARCHENA

CR2004 (10/02)