

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

04 MAY 28 AM 8:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**L02000015885**

DOCUMENT # L02000015885

1. Limited Liability Company's Name  
SOBE DEVELOPMENT, L.C.

700037437167  
06/01/04--01020--004 \*\*200.00

**REINSTATEMENT**

2003-2004

2. Principal Office Address 801 Brickell Avenue Suite, Apt. #, etc. 1580 City & State Miami, FL Zip 33131		Country USA		3. Mailing Office Address 801 Brickell Avenue Suite, Apt. #, etc. 1580 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 06/24/2002	
6. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name NS CORPORATE SERVICES INC.	
Street Address (P.O. Box Number is Not Acceptable) 801 Brickell Avenue	
Suite, Apt. #, Etc. Suite 1580	
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 \_\_\_\_\_ Date **May 26th 2004**

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	Jean Claude Lattes	810 7th Street	Miami Beach, Florida 33139
MGRM	Adolphe Ferrero	801 Brickell Avenue, Suite 1580	Miami, Florida 33131
MGRM	Henry Dahan	801 Brickell Avenue, Suite 1580	Miami, Florida 33131
MGRM	Colette Marie Moniot	801 Brickell Avenue, Suite 1580	Miami, Florida 33131
MGRM	Robert Giglio	801 Brickell Avenue, Suite 1580	Miami, Florida 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 \_\_\_\_\_ Date **05/26/2004** Daytime Phone# \_\_\_\_\_

Typed or printed name of signing Managing Member/Manager **Nelson Siosbergas - attorney**

CR2E041 (10/02)