


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION FOR REINSTATEMENT




FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

AND FILED

03 OCT 22 AM 11:14

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. **DOCUMENT #** L02000019999
 Name and Mailing Address

0006337 01 AT 0.292 **AUTO T5 0 0615 33142-272501

 MIS KILITOS, LLC
 3601 NW 55 ST.
 SECOND FLOOR
 MIAMI FL 33142-2725




05/22/03 90038 020 \$50.00

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/07/2002	
Principal Place of Business 3601 NW 55 ST. SECOND FLOOR MIAMI FL 33142	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 562397797	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

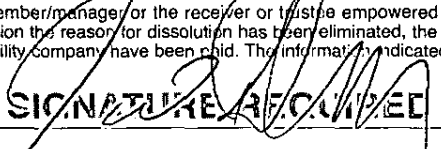
CR2E094 (7/03)

8. Name and Address of Current Registered Agent LAMCHICK, BRUCE 9130 S. DAELAND BLVD., SUITE 1101 MIAMI FL 33156		9. Name and Address of New Registered Agent Name <u>MICHELLE RODRIGUEZ</u> Street Address (P.O. Box Number is Not Acceptable) <u>1080 N.E. 104 ST.</u> City <u>MIAMI SHORES</u> FL Zip Code <u>33138</u>	
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10. 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 10/20/03
 REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PRES.	JOEL RODRIGUEZ	1080 N.E. 104 ST. MIAMI SHORES, FL. 33138	MIAMI SHORES FL. 33138
SIC. TRCS.	MICHELLE RODRIGUEZ	SAME AS ABOVE	SAME AS ABOVE

12. 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 10/20/03 Daytime Phone # 305.635.3005
 Typed or printed name of signing Managing Member/Manager PRESIDENT - JOEL RODRIGUEZ

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10/19/03

DEAR SIR/MADAM:

ATTACHED PLEASE FIND MY APPLICATION
FOR REINSTATEMENT. I NEVER RECEIVED
YOUR CORRESPONDENCE REQUESTING OUR
FEI NUMBER. WE HAVE ALREADY PAID THE
ANNUAL FEE, PLEASE CHECK YOUR RECORDS.

I CAN BE REACHED AT 305 635-3005.

THANK YOU.

MICHQUE RODRIGUEZ