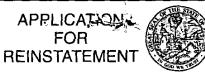
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DIVISION OF CORPORATIONS 04 MAY 26 AH 11: 08

1 DOCUMENT # L02000022726

Name and Mailing Address

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2. New Mailing Address City, State, Zip			4. State/Country of Formation FL  5. Date Organized or Quairlied To Do Business in Florida  09/03/2002			
						Principal Place of Business 10800 BISCAYNE BLVD., STE. 800 MIAMI FL 33161.
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status				
8. Name and Address of Current Registered Agent			Name and Address of New Registered Agent			
BERKOWITZ, RICHARD A 200 SOUTH BISCAYNE BLVD., STE. 600 MIAMI FL 33131		Name Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code				
Tiegistered Agent	MACIF BELLING EGISTERED AGENT MUST SIGN		n and accept the obligations of Ch	_ / /		
Title(s) Name of Managing Members/Managers			et Address of Each ing Member/Manager		City / State / Zip	
P-RICHAND A B	ERKOWITZ Minn	BISCA II FL	37/30/04-011	m/ PL 183-1-1-7 10001 **	33/3/ 200.00	
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12. I certify that I am managing member/manager or the veceiver or trustee emp wered 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 eliming ted, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all tees 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.

RENSTATEMENT

Signature of Managing Member/Manage

Typed or printed name of signing Managing Member/Manager

E Daytime Phone # (305) 899-3007