

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB 27 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000025946

1. Limited Liability Company's Name
MVEST, LLC

2. Principal Office Address
2588 SW 27 AVE

3. Mailing Office Address
2588 SW 27 AVE

Suite, Apt. #, etc.

City & State
MIAMI, FL

Zip Country
33133 US

PK 700030114117
03/09/04--01048--016 **100.00

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida
10/02/2002

6. FEI Number **13-4214639**

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
CONSULTING SERVICES OF SOUTH FLORIDA, INC.

Street Address (P.O. Box Number is Not Acceptable)
2588 SW 27 AVE

Suite, Apt. #, Etc.

City
MIAMI

State Zip Code
FL 33133

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 **2/26/04**
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Solano Management Corp.	H.G. Hodge Plaza, 2nd Floor	Roadtown, Tortola, BVI
MGRM	MEJIAS, WILLIAM A.	P.O. BOX 573	HALLANDALE, FL 33008
MGRM	CASTRILLON, NYDIA P.	P.O. BOX 573	HALLANDALE, FL 33008
REINSTATEMENT 2003-2004			

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 **2/26/04** Daytime Phone# **305-444-2213**

Typed or printed name of signing Managing Member/Manager **WILLIAM A. MEJIAS**

CRESENT (1/03/03)

L02000025946

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(2)

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

PLEASE BE ADVISED THAT WE DID NOT RECEIVE THE UNIFORM BUSINESS REPORT FOR 2003, 2004. AND PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU FOR YOUR TIME AND CONSIDERATION IN THIS MATTER IN THIS MATTER AND IF YOU SHOULD HAVE ANY FURTHER QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT US.

BW

CORDIALLY,


WILLIAM A. MEJIAS
MANAGER MEMBER