

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**L02000026228**

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2003 OCT -3 AM 11:47

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

L02000026228

**1. Limited Liability Company's Name**

LEAN PRODUCTIVITY SOLUTIONS, L.L.C.

800023800718  
10/15/03--01010--005 \*\*150.00

**2. Principal Office Address**

14650 SW 93<sup>RD</sup> LANE

Suite, Apt. #, etc.

**City & State**

Miami FLORIDA

**Zip**

33186

**Country**

USA

**3. Mailing Office Address**

14650 SW 93<sup>RD</sup> LANE

Suite, Apt. #, etc.

**City & State**

Miami FLORIDA

**Zip**

33186

**Country**

USA

**4. State/Country of Formation**

FLORIDA

**5. Date Organized or Qualified  
To Do Business in Florida**

10/4/2002

**6. FEI Number**

611428656

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**

STACY DA COSTA

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

14650 SW 93<sup>RD</sup> LANE

**Suite, Apt. #, Etc.**

**City**

Miami

**State**

FL

**Zip Code**

33186

**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]*

REGISTERED AGENT MUST SIGN

Date

10/03/03

**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
MANAGER	STACY DA COSTA, M	14650 SW 93 <sup>RD</sup> LANE	Miami FLORIDA 33186
OFFICE MANAGER / MANAGER	GESSSEL NUNEZ, R	15601 SW 137 <sup>TH</sup> AVE	Miami FLORIDA 33177

**REINSTATEMENT 2003**

**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

10/03/03

Daytime Phone #

(305) 408-7641

Typed or printed name of signing Managing Member/Manager

STACY M. DA COSTA

CR2E041 (10/02)