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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2004 MAR 15 PM 3:41
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L02000029137

1. Limited Liability Company's Name
M.C.V. ENTERPRISE L.L.C.

100031055811
03/24/04--01018--023 **100.00

2. Principal Office Address 2450 W. 82 STREET		3. Mailing Office Address 2450 W. 82 STREET	
Suite, Apt. #, etc. SUITE 208		Suite, Apt. #, etc. SUITE 208	
City & State HIALEAH, FL		City & State HIALEAH, FL	
Zip 33016	Country US	Zip 33016	Country US

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida **10/31/02**

6. FEI Number **020650996** 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 **MILDRED SALAZAR**

Street Address (P.O. Box Number is Not Acceptable) **2450 W. 82 STREET**

Suite, Apt. #, Etc. **SUITE 208**

City **HIALEAH** State **FL** Zip Code **33016**

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 *Mildred Salazar* Date **3-11-04**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MILDRED SALAZAR	2450 W. 82 ST. SUITE 208	HIALEAH, FL 33016
MGRM	VALERY M. SALAZAR	2450 W. 82 ST. SUITE 208	HIALEAH, FL 33016
MGRM	CATHERYN SALAZAR	2450 W. 82 ST. SUITE 208	HIALEAH, FL 33016

REINSTATEMENT 2003-04

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 608.408, 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 *Mildred Salazar* Date **3-11-04** Daytime Phone # **305-444-2213**

Typed or printed name of signing Managing Member/Manager _____

CR22841 (10/02)

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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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 FOR ANY REASON 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.

CORDIALLY,


MIDRED SALAZAR
MGRM