

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 OCT 13 PM 4:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000029137

1. Limited Liability Company's Name

M.C.V. ENTERPRISE L.L.C.

*PK 05*

CR2E041 (8/05)

2. Principal Office Address

1800 NE 114TH ST

3. Mailing Office Address

2121 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

#2011

Suite, Apt. #, etc.

#1050

City & State

NORTH MIAMI FL

City & State

CORAL GABLES

Zip

33181

Country

USA

Zip

33134

Country

USA

4. State/Country of Formation  
**MIAMI-DADE**

5. Date Organized or Qualified To Do Business in Florida

10/31/2002

6. FEI Number

02-0650996

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

CONSULTING SERVICES OF SOUTH FLORIDA, INC.

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

2121 PONCE DE LEON BLVD.

Suite, Apt. #, Etc.

#1050

City

CORAL GABLES

State

FL

Zip Code

33134

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 10-12-06

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
MGRM	MILDRED SALAZAR	1800 NE 114TH ST #2011	NORTH MIAMI FL 33181
MGRM	VALERY M. SALAZAR	1800 NE 114TH ST #2011	NORTH MIAMI FL 33181
MGRM	CATHERYN SALAZAR	1800 NE 114TH ST #2011	NORTH MIAMI FL 33181

**REINSTATEMENT 2005-2006**

20080962338  
10/18/06--01046--021 \*\*100.00

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 10-12-06

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

L02000029137

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

FILED  
06 OCT 13 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TO WHOM IT MAY CONCERN:

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.

I NEVER RECEIVED THE ANNUAL REPORT NOTICE FOR THE YEARS OF 2005 AND 2006 FROM YOUR OFFICE TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,



  
MILDRED SALAZAR  
MGRM