

**Florida Department of State
Certificate of Administrative Dissolution or Revocation**

On 03/03/2003, the Florida Department of State notified the limited liability company indicated below of its intent to dissolve/ revoke the limited liability company for failure to file its 2003 uniform business report. Having met the requirements of Section 608, Florida Statutes, this limited liability company is hereby administratively dissolved or revoked effective September 26, 2003, for failure to file its 2003 uniform business report pursuant to Chapter 608, Florida Statutes.

Given under my hand and the Great Seal of the State of Florida, at Tallahassee, the Capitol, this the 26th day of September, 2003.

FILED

04 FEB 17 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



L02000029456
PINWOS, L.L.C.

Glenda E. Hood

Glenda E. Hood, Secretary of State

This limited liability company may be reinstated by filing the attached Application for Reinstatement signed by the Registered Agent and a managing member/manager and paying \$150.00 before January 1, 2004. After January 1, 2004 total amount due is \$200.00.

(RETAIN THIS CERTIFICATE FOR YOUR RECORDS)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS

1. DOCUMENT # L02000029456

Name and Mailing Address

0006725 01 AT 0.292 **AUTO T6 0 0615 33155-449632

 PINWOS, L.L.C.
 7432 SW 48TH ST.
 MIAMI FL 33155-4496

400029808904
 03/03/04--01033--029 **50.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/04/2002	
Principal Place of Business 7432 SW 48TH ST. MIAMI FL 33155	3. New Principal Place of Business Address City, State, Zip	6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent WOSCOBOINIK, DANIEL E 7432 SW 48TH ST. MIAMI FL 33155		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
10. 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 <u><i>Daniel E. Woscoboinik</i></u> Date _____ REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<i>MANAGING MEMBER</i>	<i>DANIEL E WOSCOBOINIK</i>	<i>7432 SW 48TH ST MIAMI FL 33155</i>	<i>MIAMI FL 33155</i>
REINSTATEMENT 02-04			
12. 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 _____		Date _____ Daytime Phone # _____	
Typed or printed name of signing Managing Member/Manager _____			

CR2E084 (7/03)