

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 29 PM 5:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L02000033027

1. Limited Liability Company's Name
CYRUS DEVELOPMENTS, LLC

MJH

2. Principal Office Address 12550 BISCAYNE BLVD. Suite, Apt. #, etc. SUITE 405 City & State NORTH MIAMI, FL Zip 33181		Country U.S.A.		3. Mailing Office Address 12550 BISCAYNE BLVD. Suite, Apt. #, etc. SUITE 405 City & State NORTH MIAMI, FL Zip 33181		Country U.S.A.	
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100034220521
10/29/03 - 01.001 - 004 **150.00
10/29 2003

4. State/Country of Formation FLORIDA, U.S.A.	
5. Date Organized or Qualified To Do Business in Florida 12/10/2002	
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			
Name OSCAR GRISALES-RAVINI, Esq.			
Street Address (P.O. Box Number is Not Acceptable) 12550 BISCAYNE BLVD.			
Suite, Apt. #, Etc. SUITE 405			
City NORTH MIAMI		State FL	Zip Code 33181

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: OSCAR GRISALES-RAVINI, Esq. Date: 10/22/03
REGISTERED AGENT MUST SIGN

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
M	ERIC M. PINTAR	12550 BISCAYNE BLVD SUITE 405	NORTH MIAMI, FL 33181
J	ERIC PINTAR	12550 BISCAYNE BLVD SUITE 405	NORTH MIAMI, FL 33181
S.	GUSTAVO USANDIZAGA	12550 BISCAYNE BLVD. SUITE 405	NORTH MIAMI, FL 33181
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: ERIC PINTAR Date: 10/22/03 Daytime Phone #: 305 895 1313
Typed or printed name of signing Managing Member/Manager: ERIC PINTAR

CR2E041 (10/02)