

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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CR2E041 (1/07)

DOCUMENT # L03000000459

1. Limited Liability Company's Name

160 M&M HOLDINGS, LLC

2. Principal Office Address - No P.O. Box # 14160 Palmetto Frontage Rd		3. Mailing Office Address 14160 Palmetto Frontage Rd	
Suite, Apt. #, etc. Suite 10		Suite, Apt. #, etc. Suite 10	
City & State Miami Lakes, FL		City & State Miami Lakes, FL	
Zip 33016	Country USA	Zip 33016	Country

4. State/Country of Formation FL/USA	
5. Date Organized or Qualified To Do Business in Florida 1/6/2003	
6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
Alejandro Vilarello, ESQ

Street Address (P.O. Box Number is Not Acceptable)
14160 Palmetto Frontage Rd

Suite, Apt. #, Etc.
Suite 10

City
Miami Lakes, FL

State
FL

Zip Code
33016

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 _____ Date **7/16/07**

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
PD	Martin Caparros, JR	14160 Palmetto Frontage Rd	Miami Lakes, FL

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07/27/07--01040--003 *\$5.00

REINSTATEMENT
2004-2007

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 _____ Date **7/16/07** Daytime Phone # **305-827-5665**

Typed or printed name of signing Managing Member/Manager **Martin Caparros, JR**