


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2005 OCT 17 PM 1:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L03000027769</b> 1. Entity Name PUBLIC APPEAL LLC	
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Principal Place of Business C/O JAMES V BARCIA 322 EAST 59TH STREET NEW YORK, NY 10022	Mailing Address C/O JAMES V BARCIA 322 EAST 59TH STREET NEW YORK, NY 10022
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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10062005 REIN-LLC CR2E101 (6/04)

6. Name and Address of Current Registered Agent	4. FEI Number 06-1702677
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YOHAN A. NARAINÉ & CO., LLC 1521 ALTON ROAD SUITE 433 MIAMI BEACH, FL 33139	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	7. Name and Address of New Registered Agent
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Name	Street Address (P.O. Box Number is Not Acceptable)
City	City

FL	Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
After January 1, 2006, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES
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NAME: MGRM STREET ADDRESS: BARCIA, JAMES CITY-STATE-ZIP: 322 EAST 59TH STREET NEW YORK, NY 10022	TITLE: <input type="checkbox"/> Delete NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-STATE-ZIP:
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NAME: <input type="checkbox"/> Delete STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-STATE-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-STATE-ZIP:
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE: *John A. Narainé* Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

800060687488  
10/17/05--01066--018 \*\*\$5.00

REINSTATEMENT

10-10-05