2004 LIMITED LIABILITY COMPANY REINSTATEMENT

9 Entity Nom		0 04				FILE)		
 Entity Name MELBRI, 						ECRETARY C	F STATE		
			6		DIA	ISION OF COR	PURATIONS		
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Principal Place 8910 SCH00		Mailing Address 8910 SCHOOLHOUSE RE	1		0 t	+ DEC TO T	1116,00	•	
	ES, FL 33156	CORAL GABLES, FL 331							
						TO THE COME BOTH TOTAL	COTTON (THE CYPIC) AND DESCRIP		
2. Principal Place of Business		3. Mailing Address							
Suite Apt # etc					USBNIAL 16 BS	166 MAIN 664 664 664 664 664 664 664 664 664 66	arion 300 atoli men orbi o	HEREI (II (MS)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			12082004	REIN-LLC	CR2E101 (6/04)	
City & State	9	City & State			4. FEI Number		7	oplied For	
			······································		<u> </u>	·	744	of Applicable	
Zip	Country	Zip	Country	·	5. Certificate of	Status Desired	S5.00 Ac		
	6. Name and Address of Current F	Registered Agent	<u> </u>		7. Name and A	ddress of New Re			
			Name		11/ P	DANK 1			
MOSKOVITZ, DANIEL ESQ 48 EAST-FLAGLER ST., PH-104				Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL		- - -			/				
	•		8	910 3	SCHOOL	house A	20.		
		•	City	MAI	GARIL		FL ZigCo	9-7	
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office	or registered	agent, or both,	in the State of Flori	lda. I am familiar with	n, and accept	
the obligati	ions of registered agent							·	
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if englishle MATE.	Registered Agent e				DATE		
		The wappicase. Profit.	radiom on when a	Omera Ledonier	witer residually		DATE		
FIL	E NOW!!! FEE IS \$50.00	In accordance with s.	607.193(2)(b), F.S., the	limited	Make	check payable to		
After Janua	ary 1, 2005, Fee will be \$100.00	liability company did i	not receive th	e prior notic	æ.	Florida	Department of Sta	te	
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/C	HANGES		
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