


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000034504

1. Entity Name
MELBRI, L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 10 PM 12:05

Principal Place of Business
**8910 SCHOOLHOUSE RD.
CORAL GABLES, FL 33156**

Mailing Address
**8910 SCHOOLHOUSE RD.
CORAL GABLES, FL 33156**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

12082004 REIN-LLC CR2E101 (6/04)

4. FFI Number Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

<p>6. Name and Address of Current Registered Agent</p> <p>MOSKOVITZ, DANIEL ESQ 48 EAST FLAGLER ST., PH-104 MIAMI, FL 33131</p>	<p>7. Name and Address of New Registered Agent</p> <p>Name MARK BROOKS</p> <p>Street Address (P.O. Box Number is Not Acceptable) 8910 SCHOOLHOUSE RD.</p> <p>City CORAL GABLES FL Zip Code 33156</p>
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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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2005, Fee will be \$100.00

In accordance with s. 607.103(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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MEMBER MARK BROOKS 8910 SCHOOLHOUSE RD. CORAL GABLES, FL. 33156

600043329576
12/10/04--01031--004 **50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #