

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

W 9/15

99 SEP 15 AM 9:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
ALIOLKA, L.C.

DOCUMENT # L96000000422

1a. Principal Place of Business Address
**4675 Ponce de Leon Blvd.
Coral Gables, FL 33146**

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business
4675 Ponce de Leon Blvd.

2a. Mailing Address
2307 Douglas Rd.

3. Date Organized or Qualified
April 1996

3a. State of Formation
FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite # 302

4. FEI Number
65-0925551

Applied For

Not Applicable

City & State
Coral Gables, FL

City & State
Miami, FL

5. Date of Last Report

6. Certificate of Status Desired

Zip
33146

Country

Zip
33145

Country
U.S.A.

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

Oscar Roger
626 Coral Way
Coral Gables, FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

**800002989378--3
-09/17/99--01010--004**

City

FL

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

8/4/99

REGISTERED AGENT MUST SIGN

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MGR	Carlos Ramirez	4675 Ponce de Leon Blvd.	Coral Gables, FL 33146
MGRM	Olga Ramirez	4675 Ponce de Leon Blvd.	Coral Gables, FL 33146
MGRM	Alina Ramirez	4675 Ponce de Leon Blvd.	Coral Gables, FL 33146
MGRM	Olga Ramirez	4675 Ponce de Leon Blvd.	Coral Gables, FL 33146

See instructions

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 806.406, 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

9/6/99

Daytime Phone

(305) 448-40-91

Typed or printed name of signing Managing Member/Manager

CARLOS RAMIREZ