

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Nov 23, 2003 8:00 A.M
Secretary of State

DOCUMENT # L 96000000422

1. Limited Liability Company's Name

ALIOLKA, LC

BK
10/4/02

2. Principal Office Address

4675 Ponce de Leon Blvd
Suite, Apt. #, etc.

3. Mailing Office Address

2307 Douglas Rd
Suite, Apt. #, etc.

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified To Do Business in Florida

4/08/1996

City & State

Coral Gables, FL

City & State

Miami, FL

6. FEI Number

05-0925551

Applied For

Not Applicable

Zip

33146

Country

USA

Zip

33145

Country

USA

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Olga Ramirez

200024937302

11/21/03--01084--014 **200 00

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

3211 SW 192 Avenue

Suite, Apt. #, Etc.

City

Miramar,

State

FL

Zip Code

33029

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/14/03

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
<u>MGR</u>	<u>Ramirez, Carlos</u>	<u>19330 SW 31 Court</u>	<u>Miramar, FL 33029</u>
<u>MGRM</u>	<u>Ramirez, Olga</u>	<u>19330 SW 31 Court</u>	<u>Miramar, FL 33029</u>
<u>MGRM</u>	<u>Ramirez, Alina</u>	<u>19330 SW 31 Court</u>	<u>Miramar, FL 33029</u>

REINSTATEMENT 2002-2003

BK

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

[Signature]

Date

11/14/03

Daytime Phone #

(305) 552-7969

Typed or printed name of signing Managing Member/Manager

Olga Ramirez

CR2E041 (10/02)