

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



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

REINSTATEMENT 200

FILED

DOCUMENT #

M-1537

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1. Limited Liability Company's Name

LUPATOURS, LLC

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2. Principal Office Address

1018 W 47th ST

Suite, Apt. #, etc.

3. Mailing Office Address

1018 W 47th ST

Suite, Apt. #, etc.

4. State/Country of Formation

DELAWARE

5. Date Organized or Qualified To Do Business in Florida

8-4-2000

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

6. FEI Number

651006157

Applied For

Not Applicable

Zip Country

33140 USA

Country

USA

Zip

33140

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

GUADALUPE ODALYS CASTILLO

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

1018 W 47th ST

Suite, Apt. #, Etc.

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-10/31/01--01075--027

***155.00 ***155.00

City

MIAMI BEACH

State

FL

Zip Code

33140

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

10/23/01

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
P	GUADALUPE ODALYS CASTILLO	1018 W 47th ST	MIAMI BEACH, FL - 33140

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

10/23/01

Daytime Phone #

305-458-0344

Typed or printed name of signing Managing Member/Manager

GUADALUPE ODALYS CASTILLO

CR2E041 (9/01)