

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

APPLICATION FOR A DEPARTMENT OF STATE  
OF  
REINSTATEMENT

10000013433

Secretary of State  
DIVISION OF COMMISSIONS

FILED

02 NOV 14 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|||||||

MIAMI FL 33172-2838



2. New Mailing Address 1225 N.W. 93 CT.					
City, State, Zip <u>MIAMI FL 33172</u>					
Principal Place of Business 1211 NW 93RD CT MIAMI FL 33172			3. New Principal Place of Business Address 1225 N.W. 93 CT. City, State, Zip <u>MIAMI FL 33172</u>		
4. State/Country of Formation FL					
5. Date Organized or Qualified To Do Business in Florida 11/02/2000					
			6. FEI Number 65-1115563 APPLIED FOR		
			Applied For Not Applicable		
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status					
8. Name and Address of Current Registered Agent  BRODIE, SIDNEY Z ESQ 7270 NW 12TH ST PH-I MIAMI FL 33126			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 000009006210 11/14/02--01071--002 **150.00 City FL Zip Code		
10. 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 _____ REGISTERED AGENT MUST SIGN _____ Date _____					
11. Names and Street Addresses of Each Managing Member/Manager					
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager		City / State / Zip	
MGRM	AYALA, ANTHONY	1225 N.W. 93 RD CT		MIAMI FL 33172	
REINSTATEMENT 2002					
<u>11/18 cust</u>					

CB2F084 (8/02)

REINSTATEMENT 2002

11/18/85

12. 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

As Ayala

Date \_\_\_\_\_

Daytime Phone # 301 593 7050

Typed or printed name of signing Managing Member/Manager