

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Wendell E. Hoff
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. DOCUMENT # L02000009518

Name and Mailing Address

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GARAVAGLIA INVESTMENTS, LLC
888 BRICKELL KEY DR
1009
MIAMI FL 33131-2664



REINSTATEMENT

2003

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 888 BRICKELL KEY DR 1009 MIAMI FL 33131		5. Date Organized or Qualified To Do Business in Florida 04/22/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 75-3053079	
		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 GARAVAGLIA, LUCIANO 888 BRICKELL KEY DR 1009 MIAMI FL 33131		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 [Signature] **SIGNATURE REQUIRED** Date 12/1/2003
REGISTERED AGENT MUST SIGN

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
MGR	GARAVAGLIA, LUCIANO	888 BRICKELL KEY DR	MIAMI FL 33131
MGR	GARAVAGLIA, CARLOS J	888 BRICKELL KEY DR	MIAMI FL 33131
			000025419020 12/11/03--01019--024 **150.00
REINSTATEMENT 2003			

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 [Signature] **SIGNATURE REQUIRED** Date 12/1/2003 Daytime Phone # 305-431-2434

Typed or printed name of signing Managing Member/Manager LUCIANO GARAVAGLIA