

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

OFFICE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -8 AM 11:41

1. DOCUMENT # L02000000243

Name and Mailing Address

0000860 01 AV 0.278 **AUTO T4 3 0615 33139-740899
SNAP TOYS LLC
1881 WASHINGTON AVE.
MIAMI BEACH FL 33139-7408

700025778347
12/26/03--01085--014 **155.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 01/02/2002	
Principal Place of Business 1881 WASHINGTON AVE. MIAMI BEACH FL 33139	3. New Principal Place of Business Address 6555 Powerline Road Ste 306 City, State, Zip Fort Lauderdale FL 33309	6. FEI Number 04-3585700	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 941 FOURTH STREET #200 MIAMI BEACH FL 33139	9. Name and Address of New Registered Agent Name Gonzalez & Associates, P.A. Street Address (P.O. Box Number is Not Acceptable) The Colonnade, Suite 302 2333 Ponce de Leon Blvd City Coral Gables FL Zip Code 33134
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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 REQUIRED Date Dec. 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	VENEGAS, RICARDO	1881 WASHINGTON AVE. 800 SOUTH RIVERSIDE DRIVE POMERANO BEACH FL 33062	MIAMI BEACH FL 33139 POMERANO BEACH FL 33062
MGR	WILLIAM PETER HOWARD	1881 WASHINGTON AVE.	MIAMI BEACH FL 33139

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 REQUIRED Date Dec. 1, 2003 Daytime Phone # 786-683-5888

Typed or printed name of signing Managing Member/Manager RICARDO VENEGAS