LO3000016186 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

C	ED LIABILITY OMPANY STATEMENT	Šecreta	RTMENT OF STATE ry of State corporations	3 06/1	:00104446093 5/0701065007 **300.00
DOCUMENT # 1. Limited Liability Company's Name				BK	TAS 0
PANTALONES DIDIJIN, LLC					CRZED41 71007
2. Principal Office Address - No P.O. Box# 3. Mailing Office Address					<u></u> ω
311 Poinciana Island Dr. 301 W.Ha. Sulle, Apt. #, etc. Sulle, Apt. #, e			atc.		a/USA HOSA IN THE PROPERTY OF
City & State City & State				ļ <u>.</u>	06/03/2003
North Miami Beach, Florida Hallanda			e Beach, Florida 56-236-9464		3.64
Zip	Country	Zlp	Country	7.	55 00 2 440 2 3 5 5 5 5
33160	U.S.A.	33009	U.S.A.	CERTIFICATE	OF STATUS DESIRED for a Certificate of Status
8. Name and Address of Current Registered Agent					
Name				A \$100 reinstatement fee is imposed, except In circumstances which the entity did not receive the prior notices. By checking this	
Rozencwaig, Nadel & Ferrero-Carr, LLP Streat Address (P.O. Box Number is Not Acceptable)					
Street Address (P.O. Box Number is Not Acceptable) 301 W. Hallandale Beach Boulevard BK				box, you are certifying the prior notices were	
Suite, Apt. #, Etc.				not received and requesting the \$100 reinstatement be waived.	
City State Zip Code Hallandale Beach FL 33009				reinstat	ellent da walveg.
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 Registered Registered Agent Registered R					
10. Names and Street Addresses of Managing Members/Managers					
Titles	Name of Managing Membars/Manag	jers	Street Address of Eac Managing Member/Mana	h ager	City / State / Zip
ÝGR	Guillermo Woliner		311 Poinciana Island D		North Miami Beach, Fla. 33% 0
MGR	Daniel Benhamu		311 Poinciana Island Dr		North Miami Beach, Fla. 33160
MGR	Yamin Benhamu		311 Poinciana Island Dr.		North Miami Beach, FT as 33160
MGR	Ariel Bentata	2080	Byscaine Blvd.	Suite ₄₀₃	Aventura, Fla.33180
REINSTATEMENT 2004 - 2007					
11. I certify that I am managing Agembar/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 reinstalement 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 chall have the same legal effect as if made under oath.					
Signature of Managing Member/Manager / W. d. W. W. Date 05/22/07 Daytime Phone# (954)455-5100 Typed or printed name of signing Managing Member/Manager					