

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE		SECRETARY OF STATE	
DOCUMENT # L 01000022648		1. Limited Liability Company's Name		2. Principal Office Address	
MAR, LL.C.		REINSTATEMENT 2002-2003		16445 Collins Avenue	
3. Mailing Office Address		4. State/Country of Formation		5. Date Organized or Qualified To Do Business in Florida	
16445 Collins Avenue		16445 Collins Avenue		December 20, 2001	
Suite, Apt. #, etc. 1624		Suite, Apt. #, etc. 1624		6. FEI Number 223867504	
City & State Miami Beach, FL		City & State Miami Beach, FL		Applied For	
Zip 33160		Country USA		Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		8. Name and Address of Current Registered Agent		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.	
200010099948		200010099948		Signature of Registered Agent	
01/31/03--01079--000 **45.00		01/15/03--01008--007 **155.00		Date 1-9-03	

8. Name and Address of Current Registered Agent	
Name	Robert I. Finvarb
Street Address (P.O. Box Number is Not Acceptable)	1065 KANE CONCOURSE
Suite, Apt. #, Etc.	201
City	BAY HARBOR ISLANDS
State	FL
Zip Code	33154

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	Date 1-9-03
REGISTERED AGENT MUST SIGN	

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
MGR	Rochelle B. Finvarb	9701 W. Broadview Drive	BAY HARBOR ISLANDS, FL 33154
REINSTATEMENT 2002 2003			

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	Date	Daytime Phone #	
Rochelle B. Finvarb MGR	1-9-03	305 866-6667	
Typed or printed name of signing Managing Member/Manager: Rochelle B. Finvarb MGR			

CR2E041 (10/02)