

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB -4 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

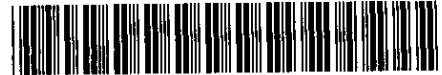
1. DOCUMENT # L00000001311

Name and Mailing Address

0002411 01 FP 0.352 **PRSRT T8 0 0615 33155-464244



HIGH VOLUME SALES, L.L.C.
7144 SW 47 STREET
MIAMI FL 33155-4642



2. New Mailing Address

4702A SW 74 Ave

City, State, Zip

Miami, FL 33155

Principal Place of Business

23123 SOUTH STATE ROAD 7
BOCA RATON FL 33428

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

02/04/2000

6. FEI Number 43-1878105
APPLIED FOR

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

CABRERA, ALVARO
7144 SW 47 ST.
MIAMI FL 33155

9. Name and Address of New Registered Agent

Name Cabrera, Alvaro

Street Address (P.O. Box Number is Not Acceptable)

4702A SW 74 Ave

City

Miami

FL

Zip Code

33155

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

Alvaro Cabrera

Date 11/05/02

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
P	CABRERA, ALVARO	7144 SW 47 ST	MIAMI FL 33155
			4000008946634 02/07/03--01056--011 **50.00
			4000008946634 11/13/02--01008--009 **150.00

REINSTATEMENT

Dec

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

Alvaro Cabrera

Date

11/05/02

Daytime Phone #

(305) 667-5813

Alvaro Cabrera

CR2E084 (8/02)