

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 SEP 15 AM 8:33

SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L000000001312

1. Limited Liability Company's Name

Nedley Tail Saks, L.L.C.

MJH

9/15

2. Principal Office Address <u>23123 S. State Rd #7</u>		3. Mailing Office Address <u>4702A SW 74 Ave</u>	
Suite, Apt. #, etc. <u>301</u>		Suite, Apt. #, etc. —	
City & State <u>Boca Raton, FL</u>		City & State <u>Miami, FL</u>	
Zip <u>33428</u>	Country <u>USA</u>	Zip <u>33155</u>	Country <u>USA</u>

4. State/Country of Formation <u>Florida / USA</u>	
5. Date Organized or Qualified To Do Business in Florida <u>02-04-00</u>	
6. FEI Number <u>431878196</u>	Applied For <input type="checkbox"/> 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

Name <u>Schaller, Vernon G.</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>23123 S. State Rd #7</u>	
Suite, Apt. #, Etc. <u>301</u>	
City <u>Boca Raton</u>	State <u>FL</u>
	Zip Code <u>33428</u>

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 [Signature] Date 9/14/04

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
<u>P</u>	<u>Cabrera, Alvaro</u>	<u>4702A SW 74 Ave</u>	<u>Miami, FL, 33155</u>

REINSTATEMENT 2003-2004

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 [Signature] Date 09-13-04 Daytime Phone # (305) 466-75813

Typed or printed name of signing Managing Member/Manager Alvaro Cabrera

CR2E041 (10/02)