

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 MAR -9 AM 8:01

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L00000002845

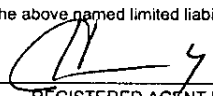
1. Limited Liability Company's Name
2K TWO COUPLE, LLC

300030247723
03/10/04--01077--004 **200.00

2. Principal Office Address P.O. BOX 402651		3. Mailing Office Address P.O. BOX 402651	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI BEACH FL		City & State MIAMI BEACH FL	
Zip 33140	Country	Zip 33140	Country
4. State/Country of Formation FLORIDA			
5. Date Organized or Qualified To Do Business in Florida 03/14/2000			
6. FEI Number 65-0996039			Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			

8. Name and Address of Current Registered Agent		
Name CORDOVA, ANGEL D.		
Street Address (P.O. Box Number is Not Acceptable) 780 N.W. 42 AVE.		
Suite, Apt. #, Etc. #416		
City MIAMI	State FL	Zip Code 33126

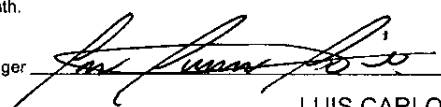
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent  Date 3/3/04

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
MGR	DOMINGUEZ, LUIS CARLOS	P.O. BOX 402651	MIAMI BEACH FL 33140
MGR	ASCENCIO, JUAN	P.O. BOX 402651	MIAMI BEACH FL 33140
S	ASCENCIO, JUAN	P.O. BOX 402651	MIAMI BEACH FL 33140
T	DOMINGUEZ, LUIS CARLOS	P.O. BOX 402651	MIAMI BEACH FL 33140
REINSTATEMENT 2003-04			

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 3/3/04 Daytime Phone # 305-498-8711

Typed or printed name of signing Managing Member/Manager LUIS CARLOS DOMINGUEZ

CR2E041 (10/02)