

APPLICATION
FOR
REINSTATEMENT



FILED

2004 JAN -6 PM 3: 05

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L000000003430

Name and Mailing Address

0006563 01 AT 0.292 **AUTO T5 0 0615 33149-153720



SAVOIA ENTERPRISES LC
260 CRANDON BLVD., STE 20
KEY BISCAYNE FL 33149-1537

100026113731
01/06/04--01017--020 **160.00



2. New Mailing Address City, State, Zip		4. State/Country of Formation <div style="text-align: center;">FL</div>	
Principal Place of Business 260 CRANDON BLVD., STE 20 KEY BISCAINE FL 33149		3. New Principal Place of Business Address City, State, Zip	
5. Date Organized or Qualified To Do Business in Florida <div style="text-align: right;">03/27/2000</div>		6. FEI Number <div style="text-align: center;">NOT APPLICABLE</div>	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
\$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent SURACE, FABIOLA 260 CRANDON BLVD, STE 20 KEU BISCAINE FL 33149		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="float: right;">FL</div> Zip Code	
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 <u><i>FABIOLA SURACE</i></u> Date _____ <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>			
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	SURACE, FABIOLA	260 CRANDON BLVD., UNIT 21	KEY BISCAINE FL 33149
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.		REINSTATEMENT <u>2003</u>	
Signature of Managing Member/Manager <u><i>FABIOLA SURACE</i></u>		Date <u>12/27/03</u> Daytime Phone # <u>305 225 3050</u> <u>305 361 8916</u>	
Typed or printed name of signing Managing Member/Manager			