

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
L00000004763
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

02 NOV -5 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000004763

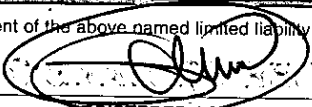
Name and Mailing Address

0002826 01 FP 0.352 **PRSR T9 0 0615 33172-215011



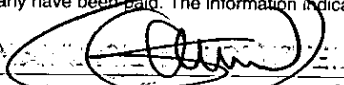
PACRIMIC, L.L.C.
10811 NW 29 STREET
MIAMI FL 33172-2150



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 10811 NW 29 STREET MIAMI FL 33172		5. Date Organized or Qualified To Do Business in Florida 04/18/2000	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-0754149	
8. Name and Address of Current Registered Agent DE LA HOZ, CRISTOBAL 10811 NW 29 ST MIAMI FL 33172		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11705/02--01025--006 **150.00 City FL 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  Date 10-29-02 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
MGR	DE LA HOZ, CRISTOBAL	10811 NW 29 ST	MIAMI FL 33172
REINSTATEMENT			

CR2E084 (8/02)

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  Date 10-29-02 Daytime Phone # 305-718-4911

Typed or printed name of signing Managing Member/Manager CHRS DE LA HOZ