FROM : LUSKY & MOTOLA P.A. PHONE NO. : 305 446 1205 Mar. 15 2002 03:25PM P2

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

Katherine Harris Secretary of State

DOCUMENT # L00000005296

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. Limited Liability Company's Name

PINSON GROUP - 719 MERIDIAN, LLC

2. Principal Office Address	3. Mailing Office Address
5151 Collins AVE	SAME
Suite, Apt. #, etc. Suite 1023	Suite, Apt. #, etc.
City & State Miami Beach, FL	City & State
Zip 33140 Country USA	Zip Country

4. State/Country of Formation FL

5. Date Organized or Qualified To Do Business in Florida 5-9-00

6. FEI Number [X] Applied For [ ] Not Applicable

7. CERTIFICATE OF STATUS DESIRED [ ] $8.75 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Lusky & Motola P.A.

Street Address (P.O. Box Number is Not Acceptable): 301 Almeria Avenue,

Suite, Apt. #, Etc.: Suite 345

City: Coral Gables State: FL Zip Code: 33134

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 3/13/02

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
	Amir Ben-Zion, MGRM	5151 Collins Ave. Ste 1023	Miami Beach, FL 33140

REINSTATEMENT 01-02

3/15/02

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 X _____ Date 3/13/02 Daytime Phone # (305) 861-4222

Typed or printed name of signing Managing Member/Manager: Amir Ben-Zion, MGRM

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Florida Department of State

Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : LUSKY & MOTOLA, ESQ.
Account Number : 110331002052
Phone : (305)446-1245
Fax Number : (305)446-1205

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LIMITED LIABILITY REINSTATEMENT

PINSON GROUP - 719 MERIDIAN, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$205.00

PLEASE RUSH! NEED FOR THIS AFTERNOON