


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Ho
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

03 DEC 29 AM 10: 09

1. DOCUMENT # L00000006158
 Name and Mailing Address

0006281 01 AT 0.292 **AUTO T4 0 0615 33141-323686
 ILIAS (USA), LLC
 210 71ST STREET, SUITE 311
 MIAMI BEACH FL 33141-3236



2. New Mailing Address 653 Washington Ave		4. State/Country of Formation FL	
City, State, Zip Miami Beach FL 33139		5. Date Organized or Quantified To Do Business in Florida 05/26/2000	
Principal Place of Business 16300 NE 19TH AVE SUITE D NORTH MIAMI BEACH FL 33162	New Principal Place of Business Address 653 Washington Ave	6. FEI Number 52-2260398	Applied For Not Applicable
City, State, Zip Miami Beach FL 33139		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 THEODORIDIS, GEORGE 5900 COLLINS AVE, APT. 708 MIAMI BEACH FL 33140		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 500024289495 10/30/03--01051--015 **100.00 City FL Zip Code	
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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 **SIGNATURE REQUIRED** Date **10/27/03**
 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
MGRM	THEODORIDIS, GEORGE	16300 NE 19TH AVE STE D	NORTH MIAMI BEACH FL 33162

REINSTATEMENT *03*

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 **SIGNATURE REQUIRED** Date **10/27/03** Daytime Phone # **305 2995484**
 Typed or printed name of signing Managing Member/Manager

CFR2E084 (7/03)