PLEASE-READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

С	ED LIABILITY OMPANY STATEMENT		DEPARTMENT OF ST Secretary of State ISION OF CORPORATIONS	TATE	2004	FILE I	-	,	
	JMENT #	0000	8023		DIVIJION OF CORPORATIONS TALLAHASSEE, FLORIDA				
,	Two Kids & A Dog, L	LC		04/	* 4/ 4(32 762 : 01067014	957 **250.00		
2. Principa	I Office Address	3. Mailing O	Affice Address						
	7741 SW 51 St Ave.		7741 SW 51 St Ave.		untry of Forms	ation		7	
Suite, Apt. #, etc. Suite, Apt. #					Flor				
Miami, FL			fiami, FL 5. Date		anized or Qua	dified 7/7/00			
City & State City & State			101		ISINESS IN FIOR	Kua			
	33143	3	33143		6. FEI Number 651030259 Applied For				
Zip	Country	Zip	Country	7. CERTIFICA	7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee requirements of Status			uired	
	L:	8.1	Isma and Address of Current	Pagistared Accept					
	Name Parmalyn Jacob, CPA								
Street Address (P.O. Box Number is Not Acceptable) 6800 SW 40 th St									
Suite, Apt. #, Etc. #683									
	City Miami				State FL	Zip Code 33143		· 	
9. I, being	appointed the registered agent of the	above named limite	d liability company, am familiar	with and accept the oblig			• •	 CR2E041 (10/02)	
Signature of				,				<u>5</u>	
Registered /	Agent	REGISTERED AG	ENT MUST SIGN		Date			\frac{8}{2}	
10. Name	s and Street Addresses of Managing	Members/Managers				733			
Titles	Name of Managing Members/Ma		Street Address of Each Managing Member/Manager		City / State / Zip				
CEO	Paul Wagner		7741 SW 51 ST Ave		Miami, FL 33143				
	4							_	
			-					_	
	<u> </u>		REINSTATEMENT 2002-04						
11. I certify filing the	y that I am managing member/manag is reinstatement application the geaso cowed by the limited liability company	er or the receiver or	trustee empowered to execute been eliminated, the limited liabile information indicated on the	this application as provided in the satisf	ded for in chap lies the require	pter 608, F.S. I furth ments of section 600	er certify that when 8.406, F.S., and that		
Signature of	ade under path		,	P4.10.04				*	
	//	VV PV			vayume Pho	не# <u> со</u>		-1	
Typed or pri	inted name of signing Managing Mem	iber/Manager	PAUL WAG	NEK	<u></u>			_ [