PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
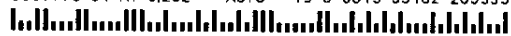
FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
2004 JAN 16 PM 2: 11
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. **DOCUMENT #**   L00000008300

Name and Mailing Address

0007775 01 AT 0.292 **AUTO T9 0 0615 33182-203595
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SABRALASE, LC
12695 NW 11 ST.
MIAMI FL 33182-2035

2. New Mailing Address		4. State/Country of Formation
		FL
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/14/2000

Principal Place of Business 12695 NW 11 ST. MIAMI FL 33182	3. New Principal Place of Business Address	6. FEI Number 65-1027341	Applied For
			Not Applicable
	City, State, Zip	7. CERTIFICATE OF STATUS DESIRED ☐	$5.00 Additional Fee required for a Certificate of Status

8. **Name and Address of Current Registered Agent**	9. **Name and Address of New Registered Agent**	
KENT, JIM 2810 SW 122ND AVENUE MIAMI FL 33175	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	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 _____ _WRONG SIGNATURE_ Date _01-13-04_
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
P	HERNANDEZ, CARMEN M	12695 NW 11 ST.	MIAMI FL 33182
VP	ARRECHEA, SERGIO	12695 NW 11 ST.	MAIMI FL 33182
		600027098006 01/16/04--01035--018 **200.00	
		REINSTATEMENT 2003-04	

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, 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/Manage _____ SIGNATURE REQUIRED _____ Date _1-13-04_ Daytime Phone # _305 542-6491_

Typed or printed name of signing Managing Member/Manager _____

CR2E094 (7/03)