

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV -8 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L-8466

1. Limited Liability Company's Name

2. Principal Office Address

11866 SW 100 Terrace
Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33186

Country

USA

3. Mailing Office Address

11866 SW 100 Terrace
Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33186

Country

USA

REINSTATEMENT 2ed

4. State/Country of Formation

DADE County, Florida

5. Date Organized or Qualified
To Do Business in Florida

Jan-2001

6. FEI Number

65-1066778

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Ronald Roker

Street Address (P.O. Box Number is Not Acceptable)

11866 SW 100 Terrace

Suite, Apt. #, Etc.

City

Miami

400004691444-2

-11/21/01--01083--001

***\$155.00 ***\$155.00

State

FL

Zip Code

33186

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

[Signature]

REGISTERED AGENT MUST SIGN

Date Oct 30-01

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
<u>Sec.</u>	<u>Deborah Roker</u>	<u>11866 SW 100 Terrace</u>	<u>Miami, FL 33186</u>

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

Deborah W. Roker

Date 6 Nov. '01

Daytime Phone #

305-365-2340

Typed or printed name of signing Managing Member/Manager

Deborah W. Roker

CR2E041 (9/01)