


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L-9020
1. Limited Liability Company's Name
JOIELLE LLC

REINSTATEMENT 2001

2. Principal Office Address
6421 CONGRESS AVE.
Suite, Apt. #, etc. **107**
City & State **BOCA RATON FL**
Zip **33487** Country **USA**

3. Mailing Office Address
6421 CONGRESS AVE.
Suite, Apt. #, etc. **107**
City & State **BOCA RATON FL**
Zip **33487** Country **USA**

4. State/Country of Formation
FLORIDA, USA

5. Date Organized or Qualified To Do Business in Florida
JULY 24, 2000

6. FEI Number **65-1034249**
Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED **\$500 Additional Fee required for a Certificate of Status**

8. Name and Address of Current Registered Agent

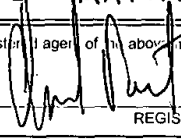
Name **MIGUEL POSTERNAK**

Street Address (P.O. Box Number is Not Acceptable) **6509 LANDINGS CT**

Suite, Apt. #, Etc.

City **BOCA RATON** State **FL** Zip **33496**

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.

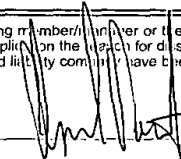
Signature of Registered Agent  Date **OCT 25, 2001**

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
MGRM	MIGUEL POSTERNAK	6509 LANDINGS CT	BOCA RATON FL 33487
MGRM	MARTIN POSTERNAK	CARR MEXICO-TOLUCA 1545	MEXICO CITY 05110
MGRM	DANIEL POSTERNAK	CARR MEXICO-TOLUCA 1545	MEXICO CITY 05110

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 (a) fee 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  Date **OCT 25, 2001** Daytime Phone # **561-756-0151**

Typed or printed name of signing Managing Member/Manager **MIGUEL POSTERNAK**

CR2E041 (9/01)