PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LI COMP REINSTAT	ANY	Katheri Secreta	CORPORATIONS	FILED 07 29 PM	12: 17		
1. Limited Liability	NT# LOOO(Company's Name VE SIMON EN	•	76 SECRE TALLAH	ARY OF ST ASSEE, FLO	TATE		
2. Principal Office Address IYSS OCEAN DAIVE Suite, Apt. #, etc. UNIT ISOB City & State MIANI BSACH, FL		3. Mailing Office Address 1455 OCSAN DIUVE Suite, Apt. #, etc. UNIT 1508 City & State MIAM BSACH, FL		4. State/Country of Formation FLONIDA 5. Date Organized or Qualified To Do Business in Florida Aug. 8, 2000 6. FEI Number Applied For			
MIAMI BSACH, FL Zip Country USA		33139	Country USA	65-	65-108-3891 Not Apr		
STEVE S!MON Street Address (PO. Box Number is Not Acceptable) 1455 OCEAN DAIVE Suite, Apt. #, Etc. 4****150.00 *****150.00 City /Am BEACH Signature of Registered Agent Registered Agent Street Address (PO. Box Number is Not Acceptable) -11/06/0101001018 *****150.00 *****150.00 State Zip Code FL 33/39 Date OCT. 22, 2001							CR2E041 (9/01)
10. Names and St	treet Addresses of Managing Mer	mbers/Managers	Street Address of Each	h	City (City)		# 10 mg
MGN STE	Managing Members/Managers		Managing Member/Manager 1455 OCEAN DUVE, UNIT-1508		City / State /	<u> </u>	SOUNCE PROPERTY.
filing this reinsta all fees owed by as if made und Signature of Managing Member/N	atement application the reason for y the limited liability company hav- ler oath.	or dissolution has been elimi ve been paid The informatio	inated, the limited liability com, on indicated on this application	pany name satisfin is true and accurate to the same	led for in chapter 608, F.S. I furth ries the requirements of section 60 rate, and my signature shall have Daytime Phone # 305-53	08.406, F.S., and that the same legal effect	