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AND AND								
Soften Stream I Strea						02 DEC 27 AM 11: 41		
1. DOCUMENT # L00000010149					Ť	SECRETARY OF STATE ALLAHASSEE, FLORIDA		
Name and Mailing Address								
0002776 01 FP 0.352 **PRSRT T9 0 0615 33172-120050						0000000000	~	
Influellen III. Influele II. I.					300009720723 12/27/0201071001 ***150.00			
	10450 N.W. 31 TERR							
	MIAMI FL 33172-1200	0						
P r · · · · · · · · · · · · · · · · · · 		and the second secon						
2. New Mailing Address					4. State/Country of Formation			
Gity, State	- Zin		FL					
			To Do Business in Florida			(8/02) (8/02) (8/2000) (8/200) (8/200) (8/200) (8/2		
	lace of Business	ncipal Place of Business Address		6. FEI Numt	per 65-1038475	Applied For		
10450 N.W. 31 TERR. MIAMI FL 33172 City, State, Z			Zip		APPLIED FOR Not Applicable			
					CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required			
<u> </u>	8. Name and Address of (iont		9. Name and Address of New Registered Agent				
····		Name		9. Name and	Address of New Registered Agent			
	UNG, RAYMOND S	Street Address			r is Not Acceptable)			
10450 N.W. 31 TERRACE MIAMI FL 33172								
						······································		
<u> </u>			at A	City		FL ^{zi}	ip Code	
10. I, being appointed the registered agent of the above named tighted lightlity company, am familiar with and accept the obligations of Chapter 608, F/S.								
Signature of								
Registered Agent Date Date								
11. Names and Street Addresses of Each Managing Member/Manager								
Title(s)	Name of Managing Street Address of Ea					City / State / Zip		
MCD				ng Member/Mana	iger			
MGR	ORSHAN, DAVID R		10450 N.W. 3 -	TERR.	- 2	MIAMI FL 33172		
MGR					<u>-</u>	,		
MGR YOUNG, RAYMOND S			10450 N.W. 31 TERR.			MIAMI FL 33172		
	·		·	· <u></u>				
	GONZALLZ, CYNTHIA O	no longer		× 1	. (MIAM1 FL 33172-		
	110110003	rio ionjer	SHAKE	<u>noicicy c</u>	V Doard	b member or man	12900	
							WL	
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						270D		
12. certify	y that I am managing member/mar	nager or the receiver or t	rustee-empowered tr	execute this and	lication as provide	ed for in charter 609. E.C. A fund		
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. The first indicated on this application is true and accurate, and my signature shall have the same legal effect								
Signature of								
Typed or pri	nted name of signing Managing M	ember/Managar	Regimente	15 4	CUMPO -)	