
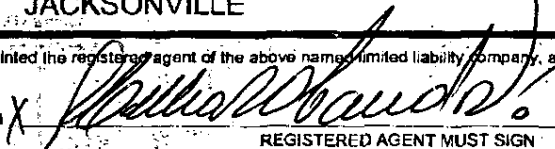
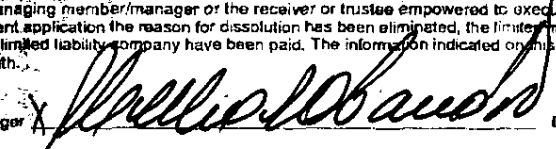


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L00000012745			
1. Limited Liability Company's Name TISQUEZUZA & FARM, L.L.C.			
2. Principal Office Address 5800 BEACH BLVD Suite, Apt. #, etc. SUITE #203 City & State JACKSONVILLE, FL Zip 32207		3. Mailing Office Address 5800 BEACH BLVD Suite, Apt. #, etc. SUITE #203 City & State JACKSONVILLE, FL Zip 32207	
4. State/Country of Formation		5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number 651048626		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name MELBA OBANDO PINZON			
Street Address (P.O. Box Number is Not Acceptable) 5800 BEACH BLVD			
Suite, Apt. #, Etc. SUITE #203			
City JACKSONVILLE		State FL	Zip Code 32207
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 _____	
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
MGR	MELBA OBANDO PINZON	5800 BEACH BLVD SUITE #203	JACKSONVILLE, FL 32207
REINSTATEMENT 2002-2004			
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 		Date _____ Daytime Phone # _____	
Typed or printed name of Signing Managing Member/Manager MELBA OBANDO PINZON			

L00000012745

DATE: 04/27/2004

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: MELBA OBANDO PINZON
TISQUEZUZA & FARM, L.L.C.

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT BY MAIL.

PLEASE FILE OUR REINSTATMENT.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 904-398-1065

THANKS,


MELBA OBANDO PINZON
TISQUEZUZA & FARM, L.L.C.