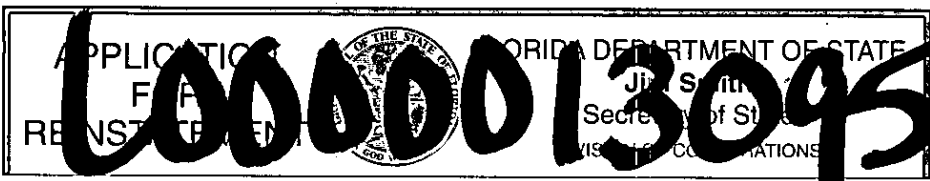


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

02 NOV 12 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000013095

Name and Mailing Address

0002235 01 FP 0,352 **PRSR T7 0 0615 33145-351352



GAIA, LLC
2252 SW 22 TERRACE
MIAMI FL 33145-3513

100008936271
11/12/02--01085--007 **155.00



2. New Mailing Address 6101 BLUE LAGOON DRIVE # 430 City, State, Zip MIAMI, FLORIDA 33126		4. State/Country of Formation FL	
Principal Place of Business 2252 SW 22 TERRACE MIAMI FL 33145		5. Date Organized or Qualified To Do Business in Florida 10/25/2000	
3. New Principal Place of Business Address 6101 BLUE LAGOON DR # 430 City, State, Zip MIAMI, FL 33126		6. FEI Number 65-1053631 APPLIED FOR	
8. Name and Address of Current Registered Agent PATINO, RALPH G 225 ALCAZAR AVENUE CORAL GABLES FL 33134		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name ALISON HERMAN, P.A. Street Address (P.O. Box Number is Not Acceptable) 2800 FORCE DE LEON # 1125 City CORAL GABLES FL Zip Code 33134			
10. 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 <i>Alison Herman</i> Date 11/7/02 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	BOLIS, ROLAND M	2252 SW 22 TERRACE 3042 SW 27 th AVE	MIAMI FL 33145 33133
MGR	IRMA D'ANCONA	3042 SW 27 th AVE	MIAMI, FL 33133
REINSTATEMENT 02			

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 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 11/7/02

Daytime Phone # 305-262-6226

Typed or printed name of signing Managing Member/Manager

ROLAND M. BOLIS

CR2E084 (8/02)