

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Gloria F. Hood
Secretary of State
DIVISION OF CORPORATIONS

748
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. DOCUMENT # L00000013748
Name and Mailing Address

04 AUG 11 PM 1:00

0000326 01 AV 0.278 **AUTO T1 0 0615 33131-170490



SPRINGDALE INVESTMENTS, LLC
1 SOUTHEAST 3RD AVE., STE. 1940
MIAMI FL 33131-1704



REINSTATEMENT 2003-2004

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 1 SOUTHEAST 3RD AVE., STE. 1940 MIAMI FL 33131		5. Date Organized or Qualified To Do Business in Florida 11/08/2000	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number APPLIED FOR	
		Applied For Not Applicable	
		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 FILINGS, INC. 3732 N.W. 16TH ST. FT LAUDERDALE FL 33311		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
--	--	--	--

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
REGISTERED AGENT MUST SIGN

Date 8/4/04

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
MGRM	BARRERTO, LUIS E	28 WEST FLAGLER STREET #202	MIAMI FL 33131

300040047733
08/10/04--01064--002 **150.00

2003-2004

REINSTATEMENT

12. I certify that I am managing member/manager of the company, 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
SIGNATURE REQUIRED

Date

8/4/04

Daytime Phone #

305/358-1771

Typed or printed name of signing Managing Member/Manager