

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L00000013827

FLORIDA DEPARTMENT OF STATE
Jill Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000013827

Name and Mailing Address

0008393 01 FP 0.352 **PRSR H6 0 0615 33134-504480



CR ALLIANCE, L.L.C.
300 ARAGON AVE., STE. 330
CORAL GABLES FL 33134-5044



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 300 ARAGON AVE., STE. 330 CORAL GABLES FL 33134		5. Date Organized or Qualified To Do Business in Florida 11/13/2000	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1058789	
8. Name and Address of Current Registered Agent CORAZZINI, PABLO 1901 BRICKELL AVE. B-1005 MIAMI FL 33129		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) REINSTATEMENT 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 <i>[Signature]</i> Date <u>Oct 23, 02</u> 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
MEM	CORAZZINI, PABLO	1901 BRICKELL AVE. B-1005	MIAMI FL 33129
MEM	ROMAGNOLI, ROBERTO	5025 COLLINS AVE. #1501	MIAMI BEACH FL 33140
			200008666142 10/23/02--01069--016 **150.00
			<i>[Signature]</i>

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 *[Signature]* Date Oct. 23, 02 Daytime Phone # 305 567 0602

Typed or printed name of signing Managing Member/Manager PABLO CORAZZINI