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LIMITED LIAB LITY COMPANI REINSTATEMENT	Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILE L 2 JUN 17 PM 4: 42
DOCUMENT # 00000 1. Limited Liability Company's Name 1567 LE JEUNE	0014679 T	ECRETARY OF STATE LLAHASSEE FLORI <b>DA</b>
2. Principal Office Address  110 Brickell Aul Sulte, Apt. #, etc.	3. Malling Office Address Suite, Apt. #, etc.	2001-2002 4. State/Country of Formation Florida
Miami Fla	City & State Cip Country	5. Date Organized or Qualified To Do Business in Fiorida  11 29 02  6. FEI Number  Applied For Not Applicable  7. CERTIFICATE OF STATUS DESIRED \$\infty\$ \$5.00 Additional Fee required for a Certificate of Status
Suite, Apt. #, Etc.	8. Name and Address of Current Registered  S RIFKIN  Coceptable)  D Brickell Awa  Wite # 210	900059140591 -U5/24/U2U1U12003 ****205.00 *****205.00
9. I, being appointed the registered agent of the poove na Signature of Registered Agent	amed limited liability company, am familiar with and acc	
10. Names and Street Addresses of Managing Members.  Name of Managing Members/Managers	Street Address of Each	
nangger Caridad Anto	Managing Member/Manager	
		50.00-CF
		150.00 - Adm 5.00 - CERT
4	,	
11. I certify that I am managing member/manager or the realing this reinstatement application the reason for dissolial fees owed by the limited liability company have been as if made under oath.  Signature of tanaging Member/Manager  yped or printed name of signing Managing Member/Manager	paid. The Information Indicated on this application is to	on as provided for in chapter 608, F.S. I further certify that when name satisfies the requirements of section 608.406, F.S., and that we and accurate, and my signature shall have the same legal effect    1/02   Daytime Phone # (305) 371-2777