PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABIDITY COMPANY REINSTATEMENT		DA DEPARTMENT OF STATE Katherine Harris Secretary of State IVISION OF CORPORATIONS	=	DIVI	FILED SECRETARY OF STATE SION OF CORPORATIONS	
DOCUMENT # 1. Limited Liability Company's Name LODODO 014986				01 DEC -3 AM 10: 18		
Travesias AUTTU	ehle					
2. Principal Office Address 3. Maili		Office Address		700047175578 -12/11/0101004005 ****150.00 ****150.00		
Suite, Apt. #, etc.	Suite, Apt. #	SAME Suite, Apt. #, etc. SAME		FLORIDA		
City of Courts	<u> </u>	JAME		5. Date Organized or Qualified To Do Business in Florida /2/5/2000		
MIAMI, PLOBIDA	City & State	SAME -		6. FEI Number Applied For		
MIAMI, PCORIDA COUNTRY 33129 USA	Zip	Country	7. CERTIFICATE	E OF STATUS DESIRED	SECO Additional Franceptical Core Cardiffication (Status	
	8.	Name and Address of Current Regis	stered Agent		·	
Street Address (P.O. Box Number	DS BLV			State Zip Code FL 33 / 6	0	
9. I, being appointed the registered agent of Signature of Registered Agent	7=	ted liability company, am familiar with a	and accept the obliga	7	. (9/01)	
10. Names and Street Addresses of Managing	Members/Manager	T				
Managing Members/M	Name of Managing Members/Managers		Street Address of Each Managing Member/Manager		City / State / Zip	
HUMBERTO MORA		4000 ISLAND BLVD #302		AUENTUNY	FL, 33160	
				Rún UBR	100	
REINSTATEMENT 2001					150 np	
11. I certify that I am managing member/mana fling this reinstatement application the reast all fees owed by the limited liability (Impany as if made under oath.	n for dissolution has have been paid. Th	s been eliminated, the limited liability or se information indicated on this applicat	ompany name satisfic	es the requirements of sec	ction 608.406, F.S., and that	
Signature of Manager	7-3	Date /	0/25/01	Paytime Phone #(3	860.4244	
Typed or printed name of signing Managing Men	ber/Manager	TUMBERIO /	Y J U KAY			