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LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 JAN -8 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000016000

1. Limited Liability Company's Name
PRONTO AMERICA, L.L.C.

01/08/03--01005--002 **210.00

2. Principal Office Address 16375 NE 18th Ave.		3. Mailing Office Address 16375 Ne 18th Ave.	
Suite, Apt. #, etc. 201		Suite, Apt. #, etc. 201	
City & State North Miami, FL		City & State North Miami, FL	
Zip 33162	Country USA	Zip 33162	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 12/22/00	
6. FEI Number	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

8. Name and Address of Current Registered Agent	
Name GARY L. BROWN, ESQ.	
Street Address (P.O. Box Number is Not Acceptable) 4000 Hollywood Blvd.	
Suite, Apt. #, Etc. 265-S	
City Hollywood	State FL
	Zip Code 33021

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9. 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	Date
REGISTERED AGENT MUST SIGN	

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mng	Enrique Soltanik	16375 NE 18th Ave, 201	N. Miami Beach, FL 33162

REINSTATEMENT 2002-2003
JB

11. I certify that I am managing member/manager of 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 1/6/03 Daytime Phone# 305 848 8650

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)