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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 OCT -4 PM 7:55 ED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2/10/11/04

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L00000016301

1. Limited Liability Company's Name

RAFALOWICZ & KEELOR & CO., LLC

REINSTATEMENT 2002-2004

2. Principal Office Address 1627 Brickell Avenue Suite, Apt. #, etc. No. 1507 City & State Miami, Florida Zip 33129 Country USA		3. Mailing Office Address 1627 Brickell Avenue Suite, Apt. #, etc. No. 1507 City & State Miami, Florida Zip 33129 Country USA		4. State/Country of Formation FLORIDA	
				5. Date Organized or Qualified To Do Business in Florida 12/26/2000	
				6. FEI Number 65-1042130 Applied For Not Applicable	
				7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
RICHARD H. KEELOR
Street Address (P.O. Box Number is Not Acceptable)
1627 Brickell Avenue, NO. 1507
Suite, Apt. #, Etc.
City
Miami
State
FL
Zip Code
33129

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

REGISTERED AGENT MUST SIGN

Date 9/30/04

10. Names and Street Addresses of Managing Members/Managers

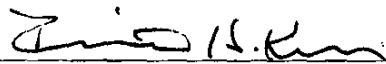
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Borys Rafalowicz	1627 Brickell Ave., No. 1507	Miami, FL 33129
MGRM	Richard Keelor	1627 Brickell Ave., No. 1507	Miami, FL 33129

REINSTATEMENT

2002-2004

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11. 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

Date 9/30/04 Daytime Phone # 305 321-4199

Typed or printed name of signing Managing Member/Manager

RICHARD H. KEELOR

CR2E041 (10/02)