


L00000016301

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 OCT -4 PM 7:55 ED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12/26/2000
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/10/10/04

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
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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: *Richard H. Keelor* Date: 9/30/04

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
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		
		000041674580	10/07/04--01059--002 **255.00

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: *Richard H. Keelor* Date: 9/30/04 Daytime Phone #: 305 321-4199

Typed or printed name of signing Managing Member/Manager: RICHARD H. KEELOR

CR2E041 (10/02)