

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

03 FEB -4 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2002-  
2003

APPLICATION FOR REINSTATEMENT



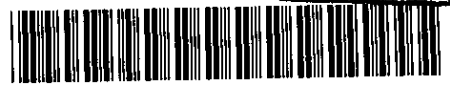
FLORIDA DEPARTMENT OF STATE  
John Smith  
Secretary of State  
DIVISION OF CORPORATIONS

L01000000058

1. DOCUMENT # L01000000058  
Name and Mailing Address

0009900 01 FP 0.352 \*\*PRSR HT 5 0 0615 33180-100331  
PORTAL INTERNATIONAL REALTY, L.L.C.  
21131 NE 23RD AVE.  
MIAMI FL 33180-1003

REINSTATEMENT



|  |                                   |  |   |
|--|-----------------------------------|--|---|
| 2. New Mailing Address<br>City, State, Zip   |                                   | 4. State/Country of Formation<br>FL  |   |
| Principal Place of Business<br>21131 NE 23RD AVE.<br>MIAMI FL 33180  |                                   | 5. Date Organized or Qualified To Do Business in Florida<br>01/02/2001   |   |
| 3. New Principal Place of Business Address<br>City, State, Zip   |                                   | 6. FEI Number<br>65-1066602  | Applied For<br>Not Applicable                                   |
| 8. Name and Address of Current Registered Agent<br>BLODIG, GREGORY J ESQ.<br>100 W. CYPRESS CREEK ROAD<br>SUITE 700<br>FT. LAUDERDALE FL 33309   |                                   | 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status |   |
| 9. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code   |                                   |  |   |
| 10. 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.<br>Signature of Registered Agent <i>[Signature]</i> Date 10/20/02<br>REGISTERED AGENT MUST SIGN |                                   |  |   |
| 11. Names and Street Addresses of Each Managing Member/Manager   |                                   |  |   |
| Title(s)   | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager   | City / State / Zip  |
| MGR  | EPSTEIN, MIRI                     | <del>2304 COLLINS AVE</del><br>10350 West Bay Harbor Drive   | <del>MIAMI BEACH FL 33188</del><br>Bay Harbor Islands, FL 33154 |
| 200011794392<br>02/04/03-01063-013 **200.00<br><i>[Signature]</i>  |                                   |  |   |

12. 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 *[Signature]* Date 10/2/02 Daytime Phone # 305 491 0820

CR2E084 (8/02)