

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2002
APPLICATION
FOR
REINSTATEMENT
LLC UBR



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

02 NOV -7 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000000967

Name and Mailing Address

0008583 01 FP 0.352 **PRSR H7 0 0615 33139-435088



CHOWFUNA, LLC

1228 WEST AVE

#1513

MIAMI BEACH FL 33139-4350



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 01/16/2001	
Principal Place of Business 1228 WEST AVE #1513 MIAMI BEACH FL 33139	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 651085840	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 RANDAZZO, FRANK C 1228 WEST AVE #1513 MIAMI BEACH FL 33139	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

Signature of Registered Agent [Signature] Date 10.23.02

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
MGRM	Frank Randazzo	1228 WEST AVE #1513	MIAMI BEACH, FL 33139
MGRM	Andrea Curto - Randazzo	1228 West Ave. #1513	Miami Beach, FL 33139

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 10.23.02 Daytime Phone # 305 609 7129

Frank Randazzo

CHOWFUNA

292

October 23, 2002

Mr. Jim Smith
Secretary Of State
Florida Department Of State
Division of Corporations
Registration Section
409 E. Gaines Street
Tallahassee, FL 32399

Dear Mr. Smith;

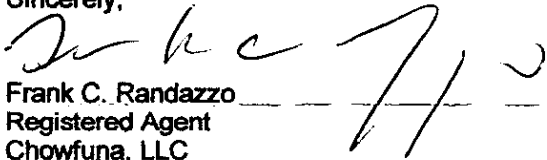
I am contacting you regarding the dissolution of my limited liability company by your office.

I am the registered agent and a managing member of Chowfuna, LLC. The new company has been established since January 16, 2001 and on October 22, 2002 I received the enclosed application for reinstatement in which is now completed. I am now requesting immediate reinstatement and apologize for the delay in reporting. I am a new business owner and am not completely familiar with some procedures required by the State of Florida and had not received any notification of this requirement prior to this week.

I have enclosed a check for \$55.00 to cover the annual report fee and a certificate of status. Furthermore, I understand that the \$100.00 reinstatement fee may be waived as a one-time consideration after a telephone conversation with your office. Additionally, the \$100.00 would greatly benefit my new small business that is presently working with very limited cash flow.

Thank you for reinstatement.

Sincerely;


Frank C. Randazzo
Registered Agent
Chowfuna, LLC