PLEASE READ ALL INSTRUCTIONS PEFORE COMPLETING THIS FORM.

COM N RENST DEN'T FLORIDA DEPARENTE STATE  STATE  FLORIDA DEPARENTE STATE  SE eta State  NO SE EN STATE						03 FEB     PH I2: 4   SECRETARY OF STATE TALLAHASSEE, FLORIDA		
STUDI	O 167, L.L.C.				11/19	/0201094001	**155 <u>,</u> 00	
	Office Address NE 169 Street	80 NE	3. Mailing Office Address 80 NE 168 <sup>th</sup> St			4. State/Country of Formation Florida		
Suite, Apt. #,	etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Date Organized or Qualified To Do Business in Florida 2/19/01		
ity & State Miami	, Florida		N. Miami Beach.			67 FEI Number 65-1077812 Applied For Not Applica		
Zip Country USA		33167	33162 Country U.S.A.		7. CERTFICATE	CERTIFICATE OFSTATIS DESRED   \$5.00 Additional Fee requirements of States		
		8. Name	and Address o	f Current Regis	tered Agent			
<b>9.</b> I, being Signature of Registered A			BARB	Uć,	<u> </u>	State   Zip Code   FL   33021   Zip Code   Z		
<b>10.</b> Name	s and Street Addresses of Managing	g Members/Managers						
Titles	Name of Managing Members/Managers		Str Mana	eet Address of E ging Mamber/Ma	ach anager	City / State / Zip		
MGRM	ELI HADAD		3209 NE	169 St	reet	Miami, Flori	da 33160	
				F3.500	in a Court of the		7 KZ.	
					HSTAT			
filing ti all fee	y that I am managing member/mana nis reinstatement application the reas s owed by the limited liability compar nade under oath.	ager or the receiver or tru son for dissolution has be ny have been paid. The in	stee empowered en eliminated, the formation indicate	t o execute this a fimited liability of the domination on this application.	tion is true and accur	ate, and my signature shall hav	e the same legal ef	
Signature o Managing I	f Member/Manager			Date	11-1-02	Daytime Phone # 70 20 20 20 20 20 20 20 20 20 20 20 20 20	51-06067 4-0626	
Typed or pi	inted name of signing Managing Me	ember/Manager EL.	Ì HADAD			505-65	. 0020	