## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(	TED LIABILITY COMPANY INSTATEMENT	Se	DEPARTMENT OF STATE ecretary of State	O7 NOV -9 PM 2: 45	
DOCUMENT # L01000003472  1. Umited Liability Company's Name  HANDLE LIKE EGGS PRODUCTIONS, L.L.C.					SECRETARY OF STATE TALLAHASSEE.FLORINA 101124596790 70701031012 **100.00
City 2 State					ized or Qualifig 3/07/2001
MIAMI FL 33133		MIAMI FL 33133	L ÛS	65-10840	OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Regist OSCAR GRATEROL 3020 SW 28TH STREET  MIAMI			State   33133	A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and a Signature of Registered Agent REGISTERED AGENT MUST SIGN				ccept the obligati	ions of Chapter 608, F.S. 11-08-07 Date
10. Names and Street Addresses of Managing Members/Managers					
Titles	Name of Managing Members/Manag	Street Address of Each Managing Member/Manager		City / State / Zip	
MGR M	OSCAR GRATEROL		3020 SW 28TH STREET		MIAMI FL 33133
MGR M	ANTONIO BRICENO		3020 SW 28TH STREET		MIAMI FL 33133
			REINSTATEMENT	2	006-2007
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 filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been stud. 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 Date 11-08-07 Daytime Phone 10-290-4636					