

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000004357

Name and Mailing Address

0000421 01 AV 0.27B \*\*AUTO T3 1 0615 33134-670524

BEAUTFORD FUND AND CONSULTANTS, L.L.C.  
224 CATALONIA AVENUE  
CORAL GABLES FL 33134-6705



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 03/21/2001	
Principal Place of Business 224 CATALONIA AVENUE CORAL GABLES FL 33134	3. New Principal Place of Business Address	6. FEI Number 30-0017089	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent LOPEZ, VALENTIN 224 CATALONIA AVENUE CORAL GABLES FL 33134	9. Name and Address of New Registered Agent
	Name
	Street Address (P.O. Box Number is Not Acceptable)
	600024387566
	11/03/03 01096 005 **150.00 City 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.

Signature of Registered Agent **SIGNATURE REQUIRED** Date 16/21/03

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	LOPEZ, VALENTIN	224 CATALONIA AVENUE	CORAL GABLES FL 33134
MGR	LIMA LEVI, RAIMUNDO LOPEZ	224 CATALONIA AVENUE	CORAL GABLES FL 33134

REINSTATEMENT 03  
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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 REQUIRED** Date 16/31/03 Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)