

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000005196

FILED

02 NOV 15 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000005196
Name and Mailing Address

0002900'01 FP 0.352 **PRSR T9 0 0615 33177-273228
MARKIS, L.L.C.
13928 SW 172ND TERRACE
MIAMI FL 33177-2732



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 13928 SW 172ND TERRACE MIAMI FL 33177		5. Date Organized or Qualified To Do Business in Florida 03/30/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 43-1982154	
		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 FELDENKRAIS, MICHAEL ESQ FELDENKRAIS & ASSOCIATES PA 290 NW 165TH ST SUITE P100 MIAMI FL 33169		9. Name and Address of New Registered Agent Name: ISTVAN MARKOVITS Street Address (P.O. Box Number is Not Acceptable): 13928 SW 172 TERRACE City: MIAMI FL Zip Code: 33177	
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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: 11/12/02
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	CHIRINOS, AMELIA	13928 SW 172ND TERRACE	MIAMI FL 33177
400009035144 11/15/02--01107--001 **150.00			
REINSTATEMENT 2002			
		M THOMAS	11/20/02

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: 11-12-02 Daytime Phone #: (786) 853 9584
Typed or printed name of signing Managing Member/Manager