

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV -5 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000005350

Name and Mailing Address

0002460 01 FP 0.352 **PRSR TB 0 0615 33156-633021



LIONGATE DESIGNER STRUCTURE, LLC
1321 LUGO AVENUE
CORAL GABLES FL 33156-6330

200008803182
11/05/02--01039--007 **150.00



2. New Mailing Address 601 Brickell Key Drive, Suite 805 City, State, Zip Miami, FL 33131		4. State/Country of Formation FL	
Principal Place of Business 1321 LUGO AVENUE CORAL GABLES FL 33156		5. Date Organized or Qualified To Do Business in Florida 04/06/2001	
3. New Principal Place of Business Address 601 Brickell Key Drive#805 City, State, Zip Miami, FL 33131		6. FEI Number 01-0643426 Applied For <input type="checkbox"/> Not Applicable	
		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 ALLEN & GALEGO 601 BRICKELL KEY DRIVE, SUITE 805 MIAMI FL 33131	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 Robert N. Allen, Jr. By: Robert N. Allen, Jr., President Date 11/1/02

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
MGR	Manolina Costa	1321 Lugo Avenue	Coral Gables, FL--33156--

REINSTATEMENT 02
dec

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 Manolina Costa Date 11-01-02 Daytime Phone # (305) 373-3350

Typed or printed name of signing Managing Member/Manager Manolina Costa