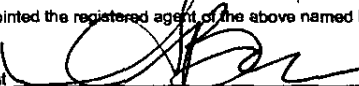
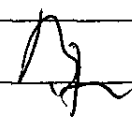
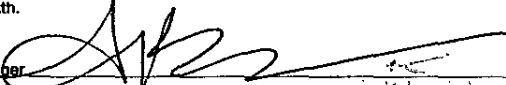


2002-2003 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED LIABILITY COMPANY REINSTATEMENT UBR		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L01000005446			
1. Limited Liability Company's Name Rogers Blake & Associates, LLC			
2. Principal Office Address 16530 Laketree Dr Suite, Apt. #, etc.		3. Mailing Office Address 16530 Laketree Dr Suite, Apt. #, etc.	
City & State Weston		City & State Weston	
Zip 33326	Country BRUNAR	Zip 33326	Country BRUNARD
4. State/Country of Formation FL/USA		5. Date Organized or Qualified To Do Business in Florida 4/9/01	
6. FEI Number 05-1093942		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name ANDREW BRAVO		100010017901 01/10/03--01066--001 **155.00	
Street Address (P.O. Box Number is Not Acceptable) 16530 LAKETREE DR			
Suite, Apt. #, Etc.			
City WESTON		State FL	Zip Code 33326
9. 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 		Date	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MR	ANDREW BRAVO MGRM	16530 LAKETREE DR	WESTON FL 33326
2002		100010017901 02/14/03--01062--017 **100.00	
2003 UBR			
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 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 		Date 11/30/02 Daytime Phone# 954 385 8559	
Typed or printed name of signing Managing Member/Manager ANDREW BRAVO			

CR2E041 (8/01)

LOG IN: [illegible] 05446

2 of 2

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

November 30, 2002

Division of Corporations  
Registration Section  
409 E Gaines St  
Tallahassee, FL 32399

To whom it may concern:

Enclosed is a check for \$165.00 to cover the reinstatement fees for Rogers Blake & Associates, LLC and Bravo Management LLC and Lincoln Zara Investments. All three companies were relocated to a central address this year and we never received the mailing requesting the annual report. We finally just received the Reinstatement form for Bravo Management and Lincoln Zara, but have still not received any correspondence for Rogers Blake. Please reinstate all three corporations. Please contact me if you have any questions or require any additional information to complete the necessary reinstatements. Thank you for your assistance.

Sincerely,



Andrew Bravo

YOU CAN CONTACT ME OR SUZETTE KINGSLEY  
AT 954-385-8554 IF YOU HAVE ANY  
QUESTIONS.

THANK YOU