CAPITAL CONNECTION 850 222 1222 11/20 '03 15:31 NO.493 01/02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000005598

LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC -1 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800025389589
12/01/03--01011--005 **200.00

DOCUMENT # L01000005598

1. Limited Liability Company's Name
Millani, L.L.C.
100 Eaton Square
London, SW1 9 AQ

10/4/02

2. Principal Office Address	3. Mailing Office Address
100 Eaton Square	1550 Madruga Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Suite 120
City & State	City & State
London, SW 1 9 AQ	Coral Gables, Florida
Zip / Country: London	Zip: 33146 / Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 4/11/01

6. FEI Number: Applied For [X] Applied For [ ] Not Applicable

7. CERTIFICATE OF STATUS DESIRED [ ] $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Mark L. Rivlin, P.A.

Street Address (P.O. Box Number is Not Acceptable): 1550 Madruga Avenue

Suite, Apt. #, Etc.: Suite #120

City: Coral Gables | State: FL | Zip Code: 33146

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: 11/24/03

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
MGRM MM	Wayne Heathcote	100 Eaton Square London SW 1 9AQ	London

REINSTATEMENT 2002 - 2003

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: Wayne Heathcote Date: 11/24/03 Daytime Phone #: _____

Typed or printed name of signing Managing Member/Manager: _____