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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

SECRETARY OF STATE

FLORIDA

101000005895

FILED

1. DOCUMENT # L01000005895

Name and Mailing Address

0009067 01 AT 0.292 **AUTO H3 0 0615 33351-573773



MAMMA, LLC
4473 N. UNIVERSITY DRIVE
LAUDERHILL FL 33351-5737

04 FEB -4 AM 10: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. New Mailing Address <u>PAOLA GENTILE</u> <u>5620 N PARK RD</u>		4. State/Country of Formation FL	
City, State, Zip <u>FORT LAUDERDALE FL 33312</u>		5. Date Organized or Qualified To Do Business in Florida 04/16/2001	
Principal Place of Business 4473 N. UNIVERSITY DRIVE LAUDERHILL FL 33351	3. New Principal Place of Business Address <u>5620 N PARK RD</u> City, State, Zip <u>FORT LAUDERDALE FL 33312</u>	6. FEI Number 75-2987303	Applied For Not Applicable
8. Name and Address of Current Registered Agent FEDER, LAWRENCE H 2450 HOLLYWOOD BLVD., STE. 401 HOLLYWOOD FL 33020		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 400026636604 01/09/04--01100--003 **155.00 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 *Paola Gentile* **SIGNATURE REQUIRED** Date 12-19-03
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
MGRM	GENTILE, PAOLA <u>Paola Gentile</u>	4473 N. UNIVERSITY DRIVE <u>5620 N PARK RD</u>	LAUDERHILL FL 33351 <u>FT. LAUD FL 33312</u>
MGRM	GENTILE, MARIO <u>Mario Gentile</u>	4473 N. UNIVERSITY DRIVE <u>5620 N PARK RD</u>	LAUDERHILL FL 33351 <u>FT. LAUD FL 33312</u>
			400026636604 02/04/04--01052--005 **50.00
		REINSTATEMENT <u>2003-2004</u>	

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 *Paola Gentile* **SIGNATURE REQUIRED** Date 1-23-04 Daytime Phone # 954-961-1961
Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)