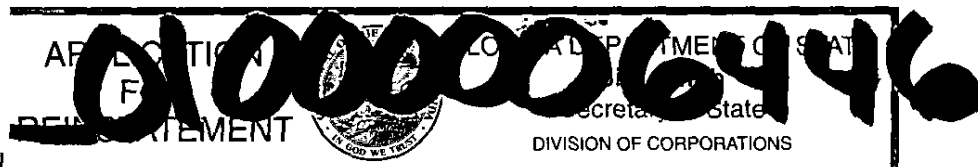


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED
03 JUN 30 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000006446

Name and Mailing Address

0002593 01 FP 0.352 **PRSRT TB 0 0615 33161-645440



RENCHAN ENTERPRISES LIMITED LIABILITY COMPANY
940 N.E. 121ST STREET
BISCAYNE PARK FL 33161-6454



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/25/2001	
Principal Place of Business 940 N.E. 121ST STREET BISCAYNE PARK FL 33161	3. New Principal Place of Business Address City, State, Zip	6. FEI Number EIN 65-1110010	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
8. Name and Address of Current Registered Agent DIPNARINE (PETER), DEWANDRA 940 N.E. 121ST STREET BISCAYNE PARK FL 33161		7. CERTIFICATE OF STATUS DESIRED <input 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) 000021200380 05/30/03--01096--007 **200.00 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 REGISTERED AGENT MUST SIGN Date 6/25/03			
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	DEWANDRA DIPNARINE	940 N.E. 121 ST STREET	BISCAYNE PARK FL 33161
REINSTATEMENT 02.03 JCS			

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 Date 6/25/03 Daytime Phone # 305-892-7470

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)