


L01000006928

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L01000006928			
1. Limited Liability Company's Name CD SYSTEMS, LLC			
2. Principal Office Address 5600 COLLINS AVENUE Suite, Apt. #, etc. 10C City & State MIAMI BEACH, FL Zip 33140 Country USA		3. Mailing Office Address 5600 COLLINS AVENUE Suite, Apt. #, etc. 10C City & State MIAMI BEACH, FL Zip 33140 Country USA	
4. State/Country of Formation FLORIDA, U.S.A.			
5. Date Organized or Qualified To Do Business in Florida 04/26/01			
6. FEI Number N/AE		Applied For 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 Registered Agent			
Name ANDRES FELIPE CORTAZAR			
Street Address (P.O. Box Number is Not Acceptable) 5600 COLLINS AVENUE			
Suite, Apt. #, Etc. 10C			
City MIAMI BEACH		State FL	Zip Code 33140
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 <u>Andrés Cortazar</u> Date <u>04-10-03</u> 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
MGR	ANDRES CORTAZAR	5600 COLLINS AVENUE, #10C	MIAMI BEACH, FL 33140
REINSTATEMENT 2003 BK			
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 <u>Andrés Cortazar</u> Date <u>04-10-03</u> Daytime Phone # Typed or printed name of signing Managing Member/Manager ANDRES CORTAZAR			

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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