PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE OPVISION OF STATE

04 JAN 23 PM 1: 35

1. DOCUMENT # L01000008131

Name and Mailing Address



				 			
2. New Mailing Address				4. State/Country of Formation FL			
City, State, Zip				5. Date Organized or Qualified To Do Business in Florida 05/22/2001			
Principal Place of Business 8028 NW 68TH ST. MIAMI FL 33166		3. New Principal Place of Business Address		OF 1404400		Applied For Not Applicable	
		City, State, Zip		7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent				Name and Address of New Registered Agent			
400	LCON, LUIS 00 SW 136 AVE. RAMAR FL 33027		Name Luis A. Falcon Street Address (P.O. Box Number is Not Acceptable) 4000 SW 136 AVE				
	:		City MIR	IRamar FL		zin code 33057	
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							
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		
MEM	FALCON, LUIS A 4000 SW				MIRAMAR FL 33027		
MEM	FALCON, AILEEN	4000 SW 13	4000 SW 138 AVE.		MIRAMAR FL 33027		
-							
					00027515939 /0401053001 **200.00		
	RENSTATENENT <u>oso</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 o Managing N	of Member/Manage	LY STARESTAURED	Date	_1_6_0_4_ Daytim	ne Phone #305 - 59	1-8448	

Typed or printed name of signing Managing Member/Manager