
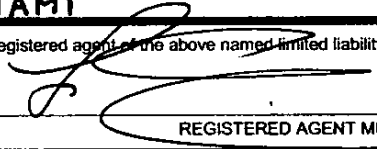
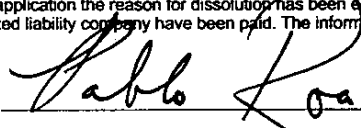


Enr. 10-4-02 \$300.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L 010000010712			
1. Limited Liability Company's Name MEIN ASSOCIATES LLC			
2. Principal Office Address 9710 NW 115 WAY Suite, Apt. #, etc.		3. Mailing Office Address 12360 SW 122 ST. Suite, Apt. #, etc.	
City & State MEDLEY, FL. 33178		City & State MIAMI, FL.	
Zip 33178	Country U.S.	Zip 33186	Country U.S.A.
4. State/Country of Formation FLORIDA / USA		5. Date Organized or Qualified To Do Business in Florida 07/03/2001	
6. FEI Number 65-1110229		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name Rico's			
Street Address (P.O. Box Number is Not Acceptable) 12360 SW 122 ST.			
Suite, Apt. #, Etc. 1313			
City MIAMI		State FL	Zip Code 33186
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 10/13/05	
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	PABLO ROA	6150 W. STALN. HIALBAH	HIALEAH, FL 33012
MGRM	LUIS ALBERTO DIAZ PENA	5193 NW 74 AVE.	MIAMI, FL. 33166
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 		Date 10/14/05 Daytime Phone # 786-271-0719	
Typed or printed name of signing Managing Member/Manager			