


LO1000010714

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

03 MAY 16 AM 9:06
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **LO1000010714**

1. Limited Liability Company's Name
BYBLOS INVESTMENTS, LLC

2. Principal Office Address 777 NW 72 AVE		3. Mailing Office Address P.O. BOX 80-1152	
Suite, Apt. #, etc. SUITE 2M1		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State AVENTURA FL	
Zip 33126	Country	Zip 33180	Country

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 2001	
6. FEL Number 65-1120939	Applied For Not Applicable
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 JOSE FERRANS, C.P.A.	
Street Address (P.O. Box Number is Not Acceptable) 6811 SOUTHWEST 129 AVENUE	
Suite, Apt. #, Etc. APT H2	
City MIAMI	State FL
Zip 33183	Zip Code 33183

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 **Jose Ferrans** Date **5/14/03**

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	CONTRERAS, ANDRES	P.O. BOX 80-1152	AVENTURA, FL 33180
MGR	DE CONTRERAS, VERONICA	P.O. BOX 80 1152	AVENTURA, FL 33180

REINSTATEMENT

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 **Andres Contreras** Date **10/05/03** Daytime Phone # **305-264-2044**

Typed or printed name of signing Managing Member/Manager **ANDRES CONTRERAS**

CR2604 (10/02)