

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**  
*2001*  
*UBR*



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

02 MAY 16 AM 8:50

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # L01000010861

1. Limited Liability Company's Name

TURLI BUSINESS, LLC

2. Principal Office Address

2604 SAWGRASS MILLS DR

Suite, Apt. #, etc.

1102 BUILDING

City & State

SUNRISE, FL.

Zip

33323

Country

3. Mailing Office Address

2604 SAWGRASS MILLS DR.

Suite, Apt. #, etc.

1102 BUILDING

City & State

SUNRISE, FL.

Zip

33323

Country

4. State/Country of Formation

FLORIDA/BROWARD

5. Date Organized or Qualified To Do Business in Florida

07/13/01

6. FEI Number

59-3732032

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

TURLI, WALTER

Street Address (P.O. Box Number is Not Acceptable)

2604 SAWGRASS MILLS DR.

Suite, Apt. #, Etc.

#1102 BUILDING

City

SUNRISE

State

FL

Zip Code

33323

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~~-06/03/02--01099-020~~  
~~\*\*\*\*\*50.00 \*\*\*\*\*50.00~~

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

REGISTERED AGENT MUST SIGN

Date

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	TURLI, WALTER	2604 SAWGRASS MILLS DR. #1102 BUILDING	SUNRISE, FL 33323
MGR	CHAVEZ, NELA	2604 SAWGRASS MILLS DR.	SUNRISE, FL 33323

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

04-30-02

Daytime Phone #

954-851-1488

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/99)