

LO100000 10987

Division of Corporations

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Florida Department of State
Division of Corporations
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Fax Number : (850) 205-0363

From:

Account Name : FAS-T CORP. AGENTS, INC.
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LIMITED LIABILITY REINSTATEMENT

AVENUE B DEVELOPMENT, LLC

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 16, 2004

AVENUE B DEVELOPMENT, LLC
1570 MADRUGA AVE. PH 1A
CORAL GABLES, FL 33146

SUBJECT: AVENUE B DEVELOPMENT, LLC
REF: L01808010987

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed on the report form.

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Diane Cushing
Document Specialist

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS										
DOCUMENT # To Limited Liability Company's Name AVENUE B. DEVELOPMENT, LLC												
1. Principal Office Address 1570 MADRUSA AVE. Suite, Apt. #, etc. PH 1A City & State CORAL GABLES, FL Zip 33146		2. Mailing Office Address Suite, Apt. #, etc. City & State Zip										
3. State/Country of Formation FLORIDA		4. Date Organized or Created To Do Business in Florida 7/6/01										
5. Federal Number 30-1482828		6. Registered Agent ALAN AGREDA State Address (P.O. Box Number is Not Permissible) 1570 MADRUSA AVE. Suite, Apt. #, etc. PH 1A City CORAL GABLES State FL Zip 33146										
7. Signature of Registered Agent Alan Agreda Date 8/12/04												
8. Name and Street Address of Managing Member/Manager												
<table border="1"> <thead> <tr> <th>Name of Managing Member/Manager</th> <th>Street Address of Each Managing Member/Manager</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>OLINDA PEREZ MGR</td> <td>4195 SW 60 PL</td> <td>MIAMI FL 33155</td> </tr> <tr> <td>TOMAS MESA MGR</td> <td>4195 SW 60 PL</td> <td>MIAMI FL 33155</td> </tr> </tbody> </table>				Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip	OLINDA PEREZ MGR	4195 SW 60 PL	MIAMI FL 33155	TOMAS MESA MGR	4195 SW 60 PL	MIAMI FL 33155
Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip										
OLINDA PEREZ MGR	4195 SW 60 PL	MIAMI FL 33155										
TOMAS MESA MGR	4195 SW 60 PL	MIAMI FL 33155										
9. I certify that I am managing member/manager of this company or have authorized to execute this application as provided for in Chapter 605, F.S. I further certify that I am not a person who has been convicted of a crime involving fraud or dishonesty, and that I am not a person who has been convicted of a crime involving the sale of securities. This information is true and correct, and my signature shall have the same legal effect as if made under oath.												
Signature of Managing Member/Manager Tomas MESA Date 8/12/04		305 667 4036										

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