

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

601000011327

03 JAN 30 AM 8:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

800009440278
01/30/03--01048--014 **50.00

MJH

0001574 01 FP 0.352 **PRSR T5 0 0615 33067-231511



NARBITEC, LLC
7411 W. CYPRESS HEAD DRIVE
PARKLAND FL 33067-2315



1130-2002-2003

CR2E084 (8/02)

2. New Mailing Address 2010 NW 84 th AVENUE City, State, Zip: MIAMI, FL 33122		4. State/Country of Formation FL	
3. New Principal Place of Business Address 7411 W. CYPRESS HEAD DRIVE PARKLAND FL 33067 City, State, Zip: MIAMI, FL 33122		5. Date Organized or Qualified To Do Business in Florida 07/12/2001	
		6. FEI Number 65-1129779	Applied For <input type="checkbox"/> Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent QUESADA, PABLO S 201 SOUTH BISCAYNE BLVD. SUITE 2000 MIAMI FL 33131	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: Pablo Quesada Date: 11/2/02

REGISTERED AGENT MUST SIGN

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
MGR	NAREA, JAIME	7411 W. CYPRESS HEAD DRIVE 2010 NW 84 th Ave.	PARKLAND FL 33087 MIAMI, FL 33122
MGR	MARCELO CLAURE, RAUL	7411 W. CYPRESS HEAD DRIVE 2010 NW 84 th Ave.	PARKLAND FL 33087 MIAMI, FL 33122
			800009440278 12/10/02--01077--003 **150.00

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 of Managing Member/Manager: Oliver Narea Date: 10/31/02 Daytime Phone #: 305-921 1213