_ PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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С	ED LIABILITY OMPANY ISTATEMENT	Secre	ARTMENT OF STAT tary of State of corporations	DIVISION	FILED ETARY OF STATE H OF CORPORATION NY 26 AM 9:51	NS	
	JMENT # L010000119 Liability Company's Name KAYTON & KAYTON, P			0s.70	0007589: 7760100302		
2. Principal Office Address 3. Mailing 0			Office Address		CR2E041 (8	/05) .	
2128 NORTH BAY ROAD 2128 N			RTH BAY ROAD A State/Country of Formation				
uite, Apt. #, etc. Suite, Apt. #			FLORIDA / USA 5. Date Organized or Qualified To Do Business in Florida 07 / 20 / 2001				
ity & State City & State			10 DO Bus		siness in righta U	7/20/2001	
		MIAMI BE	ACH, FLORIDA	6. FEI Numb	per . 1126495		ied For
ip 33140 Country Zip 33140		^{Zip} 33140	Country USA	7.	TE-OF STATUS DESIRED	\$5.00 Additional F	Applicable se require of Status
	<u> </u>	8. Name a	nd Address of Current Regi	stered Agent			÷ ∓ _{€ le}
	Name DAVID KAYTON Street Address (P.O. Box Number is North BAY ROSuite, Apt. #, Etc. City MIAMI BEACH			(<u>)</u> () 06/01	00075836 7/05-01003-02 State Zip Code FL 3314	7 **45.₫₫	
. I, being lignature of tegistered	Agent ////////////////////////////////////	ove named limited liabilit		and accept the obliga	Date 418	86	
0. Name	s and Street Addresses of Managing Me	mbers/Managers	,				
Titles	Name of Managing Members/Managers		Street Address of Each Managing Member/Manager		City / State / Zip		
MGR	DAVID KAYTON		2128 NORTH BAY ROAD		MIAMI BEACH / FL / 33140		
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			į (C	KEINISTA	TEWENT	03-00	, p

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

MRan

4-18-06

Daytime Phone # 305 - 695 - 8686