

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

03 FEB 10 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR
REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000012145

Name and Mailing Address

0001014 01 FP 0.352 **PRSR T4 0 0615 33010-242100

HARPOMVID, L.L.C.

500 WEST 18TH STREET

HIALEAH FL 33010-2421

300010086033
01/14/03--01085--002 **200.00



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 500 WEST 18TH STREET HIALEAH FL 33010		5. Date Organized or Qualified To Do Business in Florida 07/24/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-11040385 Applied For Not-Applicable	
8. Name and Address of Current Registered Agent SERFATY, CHARLES S 4330 SHERIDAN STREET SUITE 202-B HOLLYWOOD FL 33021		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent Name OSCAR I. HEGUILEN Street Address (P.O. Box Number is Not Acceptable) 500 W 18 STREET City HIALEAH FL Zip Code 33010	
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 <i>[Signature]</i> Date 01-28-03 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	HEGUILEN, OSCAR IGNACIO	500 WEST 18TH STREET	HIALEAH FL 33010
MGR	HEGUILEN, JAVIER IGNACIO	500 WEST 18TH STREET	HIALEAH FL 33010

REINSTATEMENT

200-2003

JB

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 *[Signature]* Date 01/10/03 Daytime Phone # 305/805/4100

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)