

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -5 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700035531727
05/05/04--01037--022 **200.00

DOCUMENT # **L01000013320**

1. Limited Liability Company's Name

HARDEN MANAGEMENT GROUP LLC

2. Principal Office Address

PO 3270 SW 17th

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33145

Country

USA

3. Mailing Office Address

PO 3270 SW 17th

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33145

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

08 09 2001

6. FEI Number

651140942

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

A. R. CUENFUEGOS PA

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

3270 SW 17th

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33145

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

Armando R Cuenfuegos
REGISTERED AGENT MUST SIGN

Date

04/30/04

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
MGRM	ABU CHAIDE, DEMETRIO	PO 3270 SW 17th	MIAMI FL 33145
MGRM	FRANCO MARTA	PO 3270 SW 17th	MIAMI FL 33145

REINSTATEMENT 2003-2004

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

Demetrio Abu Chaide

Date

04/30/04

Daytime Phone #

(305) 442-4400

Typed or printed name of signing Managing Member/Manager

DEMETRIO ABUCHAIDE

CR2E041 (9/01)