

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Division of Corporations

L01000013587

3587

1. DOCUMENT # L01000013587
Name and Mailing Address

04 MAR 29 PM 3:12

LA 04/08/04

0006614 01 AT 0.292 **AUTO T5 0 0615 33152-086868
MIA PERISHABLES CENTER, LLC
P.O. BOX 520868
MIAMI FL 33152-0868



REINSTATEMENT

2003-2004

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 6445 NW 25 ST DCAD2121/ MIAMI FL 33122		5. Date Organized or Qualified To Do Business in Florida 08/14/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number APPLIED FOR	
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent PENINSULA REGISTERED AGENTS, INC. 200 SOUTH BISCAYNE BLVD. 43RD FLOOR 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 [Signature] **SIGNATURE REQUIRED** Date 03/01/04
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
MGRM	ULLRICH, PETER	PO BOX 520868	MIAMI FL 33152
MGRM	GELFMAN, DANIEL	PO BOX 520868	MIAMI FL 33152

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] **SIGNATURE REQUIRED** Date 12/23/03 Daytime Phone # 305-526-5601
Typed or printed name of signing Managing Member/Manager DANIEL E. GELFMAN

CR2E084 (7/03)