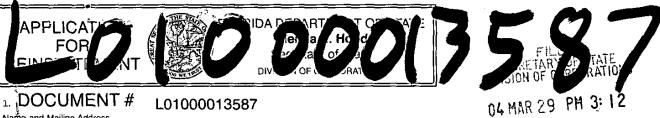
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



Name and Mailing Address

L01000013587

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

LA04/08/04

REINSTATEMENT 2003-2004

11		9	y .				
2. New Mailing Address				4. State/Country of Formation FL			
City, State, Zip				5. Date Organized of Qualified To Do Business in Florida 08/14/2001			
Principal Place of Business 6445 NW 25 ST DCAD2121/		New Principal Place of Business Address		6. FEI Number APPLIED FO	6. FEI Number APPLIED FOR		
MIZ	AMI FL 33122	City, State, Zip		7. CERTIFICATE OF STATUS D		Additional Fee required a Certificate of Status	
8. Name and Address of Current Registered Agent				Name and Address of New Registered Agent			
PENINSULA REGISTERED AGENTS, INC. 200 SOUTH BISCAYNE BLVD. 43RD FLOOR MIAMI FL 33131			Name Street Addr	Street Address (P.O. Box Number is Not Acceptable)			
10. I, beir Signature o Registered		nhove na nipolin (ed abi	MUIRED	n and accept the obligations of Ch	napter 608, F.S.	104	
11. Name	s and Street Addresses of Each Managir	ig Member/Nanager					
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		

GELFMAN, DANIEL MGRM PO BOX 520868 MIAMI FL 33152 <u>400025819874</u> 03/23/04--01003--002 **410.00 -400025919874-- 12/29/03--01058--020 **300.00 REINSTATEMENT 2004

12.	I certify that I am managing member/manager or the receiver or trustee eryowlered 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 both eliminated, the limited liability company name satisfies the requirements of section 608,406. F.S., and that
	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 limited indicated on this application is true and accurate, and my signature shall have the same legal effection.
	as if made under geth.
	as it made under datif.

Signature of

Typed or printed name of signing Managing Member/Manager

SIGNALLAZAZATARED