33134

| | 8. Name an | Address of Current Registr | ered Agent | | | Γ |
|--|---------------------------------------|---------------------------------------|------------|----------|---|---|
| Name | · · · · · · · · · · · · · · · · · · · | | | | _ | |
| LOWENSTEIN & | COMPANY, P.A. | , | | | İ | |
| Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| 2100 SALZEDO | STREET | | | | 1 | l |
| Suite, Apt. #, Etc. | | · · · · · · · · · · · · · · · · · · · | • | | | |
| SUITE 303 | | | | | J | |
| City | | | State | Zip Code | _ | |
| CORAL GABLES | 3 | | i FL | 33134 | | |

Signature of Date 05/29/03 Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Street Address of Each Name of Titles City/State/Zip Managing Members/Managers Managing Member/Manager MGRM MIKE CHAN CORAL GABLES.FL. PENSTATEMEN

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.

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 filling 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 ilability 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 |

Date 05/29/03 Daytime Phone # 305-444-9877

Typed or printed name of signing Managing Member/Manager MIKE CHAN

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