

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV 10 AM 10:52

1. DOCUMENT # L01000014759

Name and Mailing Address

0005923 01 AT 0.292 \*\*AUTO T3 0 0615 33133-652000



ARTE PRIMERO ENTERPRISE, L.L.C.  
3500 S MOORING WAY  
SUITE 303  
MIAMI FL 33133-6520

600024529976  
11/10/03--01009--009 \*\*155.00



CR2EQ34 (7/03)

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/27/2001	
Principal Place of Business 3500 S MOORING WAY MIAMI FL 33133	3. New Principal Place of Business Address	6. FEI Number 22-1478099 APPLIED FOR	Applied For Not Applicable
City, State, Zip		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		9. Name and Address of New Registered Agent	
MALE, MICHAEL H ESQ MICHAEL H. MALE, P.A. 3250 MARY ST SUITE 303 MIAMI FL 33133		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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] **REQUIRED** Date 11/03/03

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	NASREDDINE, MARLENE	3500 S MOORING WAY	MIAMI FL 33133
MGR	TERASAKI, GEORGE	3500 S MOORING WAY	MIAMI FL 33133

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 11/3/03 Daytime Phone 305/648-3499

Typed or printed name of signing Managing Member/Manager