

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

2002 NOV 26 PM 1:03

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000014931

Name and Mailing Address

0008494 01 FP 0.352 **PRSR H6 0 0615 33134-504490



7744 COLLINS, L.L.C.
300 ARAGON AVE., STE. 340
CORAL GABLES FL 33134-5044



CR2E084 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 300 ARAGON AVE., STE. 340 CORAL GABLES FL 33134		5. Date Organized or Qualified To Do Business in Florida 08/31/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1145534 Applied For Not Applicable	
8. Name and Address of Current Registered Agent CORAZZINI, PABLO 300 ARAGON AVE., STE. 340 CORAL GABLES FL 33134		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent 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 <i>Pablo Corazzini</i> Date <i>Oct 23, 02</i> 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
MEM	CORAZZINI, PABLO	1865 BRICKELL AVE A-1814	MIAMI FL 33129
		400008643514 10/29/02--01025--016 **150.00	
MEM	ROMAGNOLI, MARCO	5025 COLLINS AVE #1501	MIAMI BEACH FL 33140
MEM	MACEBO, JAVIER	5025 COLLINS AVE #1601	MIAMI BEACH FL 33140
REINSTATEMENT 2002			

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

Date

Daytime Phone #

PABLO CORAZZINI

Oct 23, 02

305 567 0602