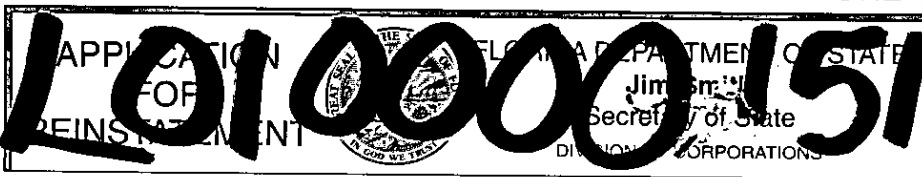


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

02 NOV 12 PM 3:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000015139

Name and Mailing Address

0001229 01 FP 0.352 \*\*PRSRT T4 0 0615 33021-678279



EL SANTO, L.L.C.  
4000 HOLLYWOOD BOULEVARD SUITE 265-S  
HOLLYWOOD FL 33021-6782

000008696770  
10/30/02--01045--003 \*\*150.00



<b>2. New Mailing Address</b> City, State, Zip		<b>4. State/Country of Formation</b> FL	
<b>3. New Principal Place of Business Address</b> Principal Place of Business 4000 HOLLYWOOD BOULEVARD SUITE 265-S HOLLYWOOD FL 33021		<b>5. Date Organized or Qualified To Do Business in Florida</b> 09/05/2001	
<b>6. FEI Number</b> 65-1141729		<b>Applied For</b> Not Applicable	
<b>8. Name and Address of Current Registered Agent</b> BROWN, GARY L ESQ. PHILLIPS, EISINGER, KOSS ET AL. 4000 HOLLYWOOD BOULEVARD SUITE 265-S HOLLYWOOD FL 33021		<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b> Signature of Registered Agent _____ Date _____ REGISTERED AGENT MUST SIGN			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	ANACLETO, CARLOS A	4000 HOLLYWOOD BOULEVARD SUITE 265-S	HOLLYWOOD FL 33021
<b>REINSTATEMENT</b>			

CR2E084 (9/02)

**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 10/23/02 Daytime Phone # \_\_\_\_\_

Typed or printed name of signing Managing Member/Manager