

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

1. DOCUMENT # L01000015777

Name and Mailing Address

03 JUN 26 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0002352 01 FP 0.352 **PRSR TB 0 0615 33154-261201



HOYO EN UNO L.L.C.

9501 COLLINS AVE.

MIAMI BEACH FL 33154-2612



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 9501 COLLINS AVE. MIAMI BEACH FL 33154		5. Date Organized or Qualified To Do Business in Florida 09/14/2001	
3. New Principal Place of Business Address 1450 S.E. 3RD AVE # 203 City, State, Zip DANIA BEACH, FL 33004		6. FEI Number 80-0037132 Applied For Not Applicable	
8. Name and Address of Current Registered Agent DERY, MOISES E 9501 COLLINS AVE. MIAMI BEACH FL 33154		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 Date 06/18/03 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
MANAGER	MOISES EDERY	1450 S.E. 3RD AVE # 203 DANIA BEACH, FL 33004	330013095973 05/01/03--01062--016 **150.00
			300013095973 02/25/03--01064--005 **150.00

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 06-20-03 Daytime Phone # 786 443 6633

Typed or printed name of signing Managing Member/Manager