


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # L01000015969

1. Limited Liability Company's Name
SKOOCENIL, L.L.C.

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03/03/04--01080--003 **200.00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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|--|-----------------------|--|-----------------------|
| 2. Principal Office Address 16485 COLLINS AVENUE | | 3. Mailing Office Address 16485 COLLINS AVENUE | |
| Suite, Apt. #, etc. # 1632 | | Suite, Apt. #, etc. # 1632 | |
| City & State SUNNY ISLES BEACH, FL | | City & State SUNNY ISLES BEACH, FL | |
| Zip 33150 | Country USA | Zip 33160 | Country USA |

4. State/Country of Formation
FL/USA

5. Date Organized or Qualified To Do Business in Florida
SEPT. 17, 2001

6. FEI Number **06-1639244** Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

B. Name and Address of Current Registered Agent

Name **WEINBERG, STEVEN A**

Street Address (P.O. Box Number is Not Acceptable) **7505 S.W. 6TH COURT**

Suite, Apt. #, Etc.

City **PLANTATION** State **FL** Zip Code **33324**

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.

Signature of Registered Agent *STEVEN A. WEINBERG* Date **3/10/04**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|--------|-----------------------------------|--|-----------------------------|
| MGR | CANLAS, MARIE VIVIENNE S. | 16485 COLLINS AVENUE # 1632 | SUNNY ISLES BEACH, FL 33160 |
| MGRM | CANLAS, JOSEPH S. | 16485 COLLINS AVENUE # 1632 | SUNNY ISLES BEACH, FL 33160 |
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REINSTATEMENT 02-03

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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 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 *Marie Vivienne S. Canlas* Date **3/15/04** Daytime Phone# **(305) 778-1452**

Typed or printed name of signing Managing Member/Manager **MARIE VIVIENNE S. CANLAS**

CREDENT 100029