

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
OF
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Gerald E. Wood
Secretary
DIVISION OF CORPORATIONS

00000016581

04 MAY 10 AM 8:56

05/19/04

1. DOCUMENT # L01000016581
Name and Mailing Address

0006291 01 AT 0.292 **AUTO T5 0 0615 33141-421372



CORTES-PATRICK, LLC

1865 79TH STREET

#15-L

MIAMI BEACH FL 33141-4213



REINSTATEMENT 2003-2004

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	5. Date Organized or Qualified To Do Business in Florida 09/27/2001
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Principal Place of Business 1865 79TH STREET #15-L MIAMI BEACH FL 33141	3. New Principal Place of Business Address City, State, Zip	6. FEI Num Applied For <input checked="" type="checkbox"/> Not Applicable	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status
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8. Name and Address of Current Registered Agent PATRICK, JOHN W 1865 79TH STREET #15-L MIAMI BEACH FL 33141	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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] **REGISTERED AGENT REQUIRED** Date 11/12/03
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
MGRM	CORTES, CARLOS A	1865 79TH STREET	MIAMI BEACH FL 33141
			000032864570 05/20/04--01032--001 **50.00
			500025834775 MC 12/09/03--01003--005 **150.00
			000032864570 04/15/04--01022--014 **165.00
REINSTATEMENT 2003-04			

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 terminated, 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] **REGISTERED AGENT REQUIRED** Date 11/12/03 Daytime Phone # 305 861-3825
Typed or printed name of signing Managing Member/Manager John W. Patrick

CR2E034 (7/03)