

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
OF
REINSTATEMENT



Florida Department of State
Secretary of State
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L01000018559

Name and Mailing Address

0000089 01 FP 0.352 **PRSR T1 0 0615 33131-332250



F & J REAL ESTATE LLC
1390 BRICKELL AVE. SUITE 200
MIAMI FL 33131-3322

02 NOV 25 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500009209545

11/25/02--01089--001 **150.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/26/2001	
Principal Place of Business 1390 BRICKELL AVE. SUITE 200 MIAMI FL 33131	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-1154688	Applied For Not Applicable
8. Name and Address of Current Registered Agent ALVARO CASTILLO B., P.A. 1390 BRICKELL AVE. SUITE 200 MIAMI FL 33131		7. CERTIFICATE OF STATUS DESIRED <input checked="" 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 <u>[Signature]</u> Date <u>11-18-02</u> 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
MGR	BARBIERI, MARIA VIRGINIA	1390 BRICKELL AVE. SUITE 200	MIAMI FL 33131
AS	Alvaro Castillo B.	1390 Brickell Avenue, #200	Miami, Florida 33131
REINSTATEMENT <u>2002</u>			
[Signature]			

CR2E084 (8/02)

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

Assistant

Date 11-18-02

Daytime Phone # (305) 371-5540

Typed or printed name of signing Managing Member/Manager

Secretary / Alvaro Castillo