


# L01000021278

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS

**FILED**  
 04 OCT 14 PM 1:41  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

*BK*

**DOCUMENT # L01000021278**

**1. Limited Liability Company's Name**  
 ZBA, LLC

<b>2. Principal Office Address</b> 2325 Galiano Street Suite, Apt. #, etc. City & State Coral Gables, FL Zip Country 33134 USA		<b>3. Mailing Office Address</b> 2325 Galiano Street Suite, Apt. #, etc. City & State Coral Gables, FL Zip Country 33134 USA	
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<b>4. State/Country of Formation</b> FL/Miami-Dade	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 12/10/2001	
<b>6. FEI Number</b> 65-1158625	Applied For Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00, Additional Fee required for a Certificate of Status	

<b>8. Name and Address of Current Registered Agent</b>			
Name Ira B. Price			
Street Address (P.O. Box Number is Not Acceptable) 9100 S. Dadeland Blvd.		600841978976 10/19/04--01028--007 **150.00	
Suite, Apt. #, Etc. #1701			
City Miami		State FL	Zip Code 33156

**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 *Ira B. Price* Date 10/10/04

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	Shahnazi, Alisghar	1717 N. Bayshore Drive, #1431	Miami, FL 33132

**REINSTATEMENT 2004**

**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 *Aliasghar Shanazi* Date 10-10-04 Daytime Phone # 305.720.3466

Typed or printed name of signing Managing Member/Manager Aliasghar Shanazi, Mgr

CR2E041 (10/02)