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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
L01000022863
 FLORIDA DEPARTMENT OF REVENUE
 CORPORATION

FILED

03 OCT 24 PM 1:46

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000022863

Name and Mailing Address

0005132 01 AT 0.292 **AUTO T1 0 0615 33056-433610



BELTRAN INVESTMENTS UNLIMITED, LLC
 2910 NW 171 TERRACE
 MIAMI FL 33056-4336



2. New Mailing Address N/A		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 01/01/2002	
Principal Place of Business 2910 NW 171 TERRACE MIAMI FL 33056	3. New Principal Place of Business Address N/A	6. FEI Number 01-0552501	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 941 FOURTH STREET #200 MIAMI BEACH FL 33139		9. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) 000024423250 11/04/03--01066--031 **155.00 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 K. SARRIA SIGNATURE REQUIRED VP, Corporate Creations Date 10/20/03 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	BELTRAN, JULIO G	2910 NW 171 TERRACE	MIAMI FL 33056
MGRM	BELTRAN, JACQUELINE L	2910 NW 171 TERRACE	MIAMI FL 33056
MGRM	BELTRAN, MANUELA T	2910 NW 171 TERRACE	MIAMI FL 33056
MGRM	BELTRAN, JORGE A	2910 NW 171 TERRACE	MIAMI FL 33056
		000024423250 11/04/03--01066--031 **155.00	
		REINSTATEMENT 03	
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 SIGNATURE REQUIRED		Date 10/20/03 Daytime Phone # 786-412-3632	
Typed or printed name of signing Managing Member/Manager			

CR2E034 (7/03)