

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L02000002612

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

SECRETARY OF STATE DIVISION OF CORPORATIONS

04 MAY 11 AM 8:51

05/21/04

DOCUMENT # L02000002612

1. Limited Liability Company's Name

BELFORTE HOLDINGS LLC

REINSTATEMENT 2003-2004

2. Principal Office Address

c/o Richard Fernandes

Suite, Apt. #, etc.

300 So. Pine Island Rd. #110

City & State

Plantation, FL 33324

Zip

Country

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

03-0392631

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Richard Fernandes

400035847824

Street Address (P.O. Box Number is Not Acceptable)

300 So. Pine Island Rd. #110

05/11/04--01013--001 **250.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/21/04

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
MGRM	Maria Cristina Carega King	300 So. Pine Island Rd. #110	Plantation, FL 33324

REINSTATEMENT

2003-2004

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

[Signature]

Date

5/21/04

Daytime Phone #

954-370-0300

Typed or printed name of signing Managing Member/Manager

Maria Cristina Carega King

CR2E041 (10/02)