


L02000003298

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 NOV -2 PM 1:39  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # L02000003298**

**1. Limited Liability Company's Name**  
 LOOPI-TA, L.L.C.

03 17/11

<b>2. Principal Office Address</b> 2548 Coco Plum Blvd. Suite, Apt. #, etc. #702 City & State Boca Raton, Florida Zip 33496 Country USA		<b>3. Mailing Office Address</b> 2548 Coco Plum Blvd. Suite, Apt. #, etc. #702 City & State Boca Raton, Florida Zip 33496 Country USA	
--	--	--	--

<b>4. State/Country of Formation</b> Florida/USA	
<b>5. Date Organized or Qualified To Do Business in Florida</b> February 7, 2002	
<b>6. FEI Number</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

<b>8. Name and Address of Current Registered Agent</b>		
Name Greenberg & Strelitz, P.A.		
Street Address (P.O. Box Number is Not Acceptable) 4800 N. Federal Highway		
Suite, Apt. #, Etc. Suite 304D		
City Boca Raton	State FL	Zip Code 33431

**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 11/1/04

**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
Mgr/Mbr	Guadalupe Lupes Capriles de Castro	2548 Coco Plum Blvd., #702	Boca Raton, Florida 33496
			200042480822 11/01/04--01054--016 **200.00

**REINSTATEMENT** 2003-2004  
 BR

**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 Nov 15/04 Daytime Phone # 561 994-3743

Typed or printed name of signing Managing Member/Manager Guadalupe Lupes Capriles de Castro Managing Member

CR2E041 (10/02)