Secretary of State **DIVISION OF CORPORATIONS**

1. DOCUMENT#

Name and Mailing Address

L02000003919

2003 OCT 23 PH 2: 10 DIV. APHOF CORPORATIONS FACEAHASSEEFFLORIDA

FILED

0007664 01 AT 0.292 **AUTO T9 0 0615 33180-403703 tallaallaadkahilaadalllaaallalaalllaaalfalafil MA 183, L.C. 21150 POINT PLACE APT. 1203 AVENTURA FL 33180-4037



US

2. New Mailing Address City, State, Zip			State/Country of Formation FL Date Organized or Qualified To Do Business in Florida 02/19/2002			
						Principal Place of Business 21150 POINT PLACE
APT. 1203 AVENTURA FL 33180 US	City, State, Zip	City, State, Zip		7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Curi	rent Registered Agent		9. Name and	Address of New Registered	Agent	
1 FOROLD 1/00N 0 1 FOROLD	D. 4	Name				
LEOPOLD, KORN & LEOPOLD 20801 BISCAYNE BOULEVARD		Street Address (P.O. Box Number is Not Acce		er is Not Acceptable)	.,	
SUITE 501				990024028570		
AVENTURA FL 33180				10/23/0301010010 **150.00		
		City		Fl	Zip Code	
10. I, being appointed the registered gent of	n, about named limited liability company		and accept the obli	gations of Chapter 608, F.S. Date 1 0 / 20 / 20	203	
Registered Agent	REGISTERED AGENT MUST SIGN			Date		
1. Names and Street Addresses of Each Mana	aging Member/Manager					
	Name of Managing Members/Managers		reet Address of Each aging Member/Manager City / State / Zip			
MGR AQUATE, MICHAE	21150 POIN	21150 POINT PLACE, APT. 1203		AVENTURA FL 33180		
						
		DEIN	CTATE	IENT_2003	3 6	
		511- 110	O H A R FEE	and the second s		
12. I certify that I am managing member/mana filing this reinstatement application the reasonal fees owed by the limited liability company as if made under oath.	an for discolution has been aliminated. Thi	ed on this applica	omnany name salisti	es the requirements of section rate, and my signature shall h	II 000.400. F.J., anu inai	

Managing Member/Manage

Date 10_200 Daytime Phone #/ 705 //6 62 00