

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 31 PM 5:56

1. DOCUMENT # L02000011235

Name and Mailing Address

0016088 01 MB 0.309 **AUTO T9 0 0615 33231-063636



NAPECO LLC
PO BOX 310636
MIAMI FL 33231-0636



2. New Mailing Address PO Box 310636		4. State/Country of Formation FL	
City, State, Zip Miami, FL 33231		5. Date Organized or Qualified To Do Business in Florida 05/09/2002	
Principal Place of Business 1155 BRICKELL BAY DRIVE APT. 2904 MIAMI FL 33131	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 43-1962033	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		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 NAVARRO, MAURICIO A 1155 BRICKELL BAY DRIVE APT. 2904 MIAMI FL 33131		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 200025869392 12/31/03--01012--012 **155.00 City FL Zip Code	
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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

REQUIRED
REGISTERED AGENT MUST SIGN

Date **10/23/03**

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	NAVARRO, MAURICIO A	1155 BRICKELL BAY DRIVE APT. 2904	MIAMI FL 33131
MGRM	NAVARRO, JAIR R	1155 BRICKELL BAY DRIVE	MIAMI FL 33131

REINSTATEMENT

03 Dec

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

SIC
REQUIRED

Date

10/23/03

Daytime Phone #

(305) 371-2604

Typed or printed name of signing Managing Member/Manager

Mauricio A Navarro

CR2E084 (7/03)