PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

1. DOCUMENT #

L02000011638

Name and Mailing Address

0006696 01 AT 0.292 **AUTO T6 0 0615 33155-642239

LPIV, LLC 6439 SW 56TH ST. MIAMI FL 33155-6422

Typed or printed name of signing Managing Member/Manager

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DIVIJION OF CORPORATIONS TALLAHASSEE, FLORIDA

						
2. New Mailing Address				4. State/Country of Formation		
City, State, Zip				5. Date Organized or Qualified To Do Business in Florida 05/13/2002		
6439 SW 56TH ST. MIAMI FL 33155		New Principal Place of Business Address		///		Applied For Not Applicable
		City, State, Zip		7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent				Name and Address of New Registered Agent		
СН	ASE, BARRY OLIVER ESQ.		Name			
21	SE FIRST AVE., SUITE 700 AMI FL 33131		Street Address (P.O		P.O. Box Number is Not Acceptable)	
6			City FL Zip Code			Zip Code
10. I, being appointed the registered agent di the about named limited jability company an familiar with and accept the cligations of Chapter 608, F.S.						
Signature of Registered Agent REGISTERED AGENT MUST SIGN WILL COMMODITY OF THE PROPERTY OF THE						
11. Name	s and Street Addresses of Each Managing	Member/Manager	{		\	
Title(s)			et Address of Each jing Member/Manager		City / State / Zip	
Marm	Lieve, fereda	W 50 5t. Nyany FL 33NV				
	Loome Volsan	ea,				
				401	702481719	14
	,			11/12/	002461719 3-01084-004 **	;150.00
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			REINSTATEWENT 2003			
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 filling this reinstalement 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 o Managing M	Member/Manage SI	uffeet toursed	Date	/ <i>31/0</i> 30	aytime Phone # 305-661	1.3366

FILEC

LAW OFFICE OF

BARRY OLIVER CHASE, P.A. 2003 NOV 12 PM 2: 35

Entertainment, Arts & Media Law 21 S.E. First Ave., Suite 700 Miami, FL 33131 USA

DIVISION OF CORPORATIONS FALLAHASSEE, FLORIDA

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Licensed in Florida and the_

www.BarryOliverChase.com-

District of Columbia
November 10, 2003

To:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Re: LPIV, LLC -- Document # L02000011638

Dear Division of Corporations:

Please find enclosed the Application for Reinstatement of the above-referenced limited liability company along with check #582 drawn on Bank of America account #005490777359, in the amount of One Hundred Fifty Dollars (\$150.00), made out to Department of State.

Thank you for your attention to this matter.

Yours truly,

Barry Oliver Chase

Fax Copy:
LPIV, LLC