
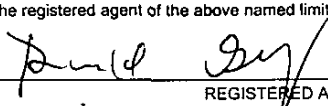
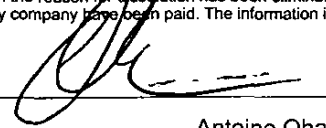


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 JAN -3 PM 3:50	
DOCUMENT # <u> L0200011673 </u>				
1. Limited Liability Company's Name 445-BRAZILIAN LLC				
2. Principal Office Address 445 Brazilian Avenue Suite, Apt. #, etc.		3. Mailing Office Address P. O. Box 2951 Suite, Apt. #, etc.		
City & State Palm Beach, FL Zip Country 33480 USA		4. State/Country of Formation FL/USA		
City & State Palm Beach, FL Zip Country 33480 USA		5. Date Organized or Qualified To Do Business in Florida May 14, 2002		
		6. FEI Number 010702121 <div style="float: right; border: 1px solid black; padding: 2px;">Applied For <input type="checkbox"/> Not Applicable</div>		
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent				
Name Ronald P. Glantz, Esq.				
Street Address (P.O. Box Number is Not Acceptable) 7951 SW 6th Street				
Suite, Apt. #, Etc. Suite 200				
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 		Date 12/17/04		
REGISTERED AGENT MUST SIGN				
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	Antoine Ohannessian	P. O. Box 2951	Palm Beach, FL 33480	
<div style="border: 2px solid black; padding: 10px; display: inline-block;">REINSTATEMENT</div> <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">04</div> <div style="margin-top: 10px;">500043015595 01/03/05--01054--004 **150.00</div>				
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 		Date Daytime Phone # 12/17/4 5613467068		
Typed or printed name of signing Managing Member/Manager Antoine Ohannessian				

CR2E041 (10/02)