

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 # L02000012406
Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0007189 01 AT 0,292 **AUTO T7 0 0615 33169-451726



SPS HOLDINGS OF MIAMI, L.L.C.
18441 NW 2ND AVENUE
101
MIAMI FL 33169-4517



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 05/21/2002	
Principal Place of Business 18441 NW 2ND AVENUE 101 MIAMI FL 33169	3. New Principal Place of Business Address <i>Same</i> City, State, Zip	6. FEI Number 04-3676280	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E084 (7/03)

8. Name and Address of Current Registered Agent ATWAL, PARAMJIT 18441 NW 2ND AVENUE 101 MIAMI FL 33169	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>Same</i> 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 *ATWAL* **SIGNATURE REQUIRED** Date Feb. 20 2003
REGISTERED AGENT MUST SIGN

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	ATWAL, PARAMJIT	18441 NW 2ND AVENUE #101	MIAMI FL 33169

400029750984
03/03/04--01021--032 **205.00

REINSTATEMENT 03-04
QR

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 *ATWAL* **SIGNATURE REQUIRED** Date Feb. 20 04 Daytime Phone (305) 249-7947
Typed or printed name of signing Managing Member/Manager _____ X 223