


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>				<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> L02000013097					
<b>1. Limited Liability Company's Name</b>  FARAYA, L.L.C.					
<b>2. Principal Office Address</b> 8181 NW 36 Street		<b>3. Mailing Office Address</b> 8181 NW 36 Street		<b>4. State/Country of Formation</b> Florida/U.S.A.	
Suite, Apt. #, etc. 27-C		Suite, Apt. #, etc. 27-C		<b>5. Date Organized or Qualified To Do Business in Florida</b> May 29, 2002	
City & State Miami, Florida		City & State Miami, Florida		<b>6. FEI Number</b> 73-1663085	
Zip 33166	Country U.S.A.	Zip 33166	Country U.S.A.	<b>7. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	

FILED

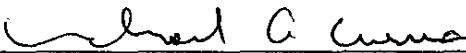
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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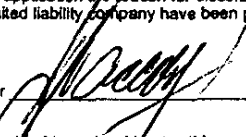
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<b>8. Name and Address of Current Registered Agent</b>			
Name MICHAEL A. CURREA, ESQ.			
Street Address (P.O. Box Number is Not Acceptable) 8181 NW 36 Street			
Suite, Apt. #, Etc. 27-C			
City Miami		State FL	Zip Code 33166

<b>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.</b>	
Signature of Registered Agent 	Date 6.3.04
REGISTERED AGENT MUST SIGN	

<b>10. Names and Street Addresses of Managing Members/Managers</b>			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	MICHEL DACCACH	104 Crandon BLVD, #316	Key Biscayne, FL 33149

**REINSTATEMENT**  
2003-2004  
w/ penalty fees

<b>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.</b>	
Signature of Managing Member/Manager 	Date 6/1/04
Daytime Phone # (305) 361-1125	
Typed or printed name of signing Managing Member/Manager MICHEL DACCACH	

CR2E04 (10/02)