

L02000013362

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND FILED

APPROVED  
FILED

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAY 19 PM 12:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000013362

1. Limited Liability Company's Name  
AVALAX GROUP, LLC

REINSTATEMENT

2003-  
2004

2. Principal Office Address 2750 NE 183 STREET		3. Mailing Office Address 2750 NE 183 STREET		4. State/Country of Formation FLORIDA, USA	
Suite, Apt. #, etc. SUITE #403		Suite, Apt. #, etc. SUITE #403		5. Date Organized or Qualified To Do Business in Florida 05-31-02	
City & State AVENTURA, FLORIDA		City & State AVENTURA, FLORIDA		6. FEI Number 01-0704884	
Zip 33160	Country US	Zip 33160	Country US	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
				Applied For	Not Applicable

8. Name and Address of Current Registered Agent

Name CONSULTING SERVICES OF SOUTH FLORIDA, INC.	
Street Address (P.O. Box Number is Not Acceptable) 2588 SW 27 AVE	
Suite, Apt. #, Etc.	
City MIAMI	State FL
	Zip Code 33133

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 Antonio Lacia Date 05-18-2004

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
MGRM	JUAN C. AVILA	2750 NE 183 STREET	AVENTURA, FL 33160

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05/20/04--01032--003 \*\*100.00

JP

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 [Signature] Date 05-18-04 Daytime Phone # 305-444-2213

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_

CR2E041 (10/02)

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314


TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE REINSTATEMENT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR THE YEARS 2003 AND 2004. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,



JUAN C. AVILA  
PRESIDENT