PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	30.45 1.5					
COMPANY REINSTATEMENT		Secretar	LORIDA DEPARTMENT OF STATE  Secretary of State  DIVISION OF CORPORATIONS		2004 JUN -3 PM 2: 1 B SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # L02000013695  1. Limited Liability Company's Name  Unionlex LLC				20 03/30	00031512872 /0401068001 **150,00	
•		3. Mailing Office Addre P.O.Box 310	~		ntry of Formation	
Unit A 1701		Suite, Apt. #, etc.		Florida  5. Date Organized or Qualified To Do Business in Florida 06/05/2002		
City & State Miami Florida		City & State Miami Florida		- 6. FEI Number N/A — Applied For. ✓ Not Applicable		
33131	Country USA	<sup>Zip</sup> 33231-0191	Country USA	7. CERTIFICATE	OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status	
		8. Name and A	Address of Current Regist	ered Agent		
	Name Bernal, James E	520 Brickell Key Drive 20031512872 05/04/0401033001 **50.10				
	Street Address (P.O. Box Number is Not Acceptable) 520 Brickell Key Drive				0031512872	
	Suite, Apt. #, Etc.		Unit 1701 A		(1) <del>4 1][1][3] ][]] -                                    </del>	
	<sup>City</sup> Miami				State Zip Code FL 33131	
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  PEGISTERET MENT MUST SIGN						
Signature of Registered Agent			FAIT MILET SICH		Date 03/25/2004	
		GISTERED AGENT MUST	SIGN	· <u>-</u> .	/	
10. Name	es and Street Addresses of Managing Men	nbers/Managers	<del>-</del>	***-		
Titles	Name of Managing Members/Managers		Street Address of Each Managing Member/Manager		City / State / Zip	
Mgrm	David Rodriguez	1101 B	1101 Brickell Ave.		Miami Florida 33131	
				NOM	EMENT 03-04	
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 flying 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 25/31/2004  Daytime Phone # 786-2874106						
Typed or printed name of signing Managing Member/Manager						