

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2004 MAY 24 AM 8:28
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # **LO 2000013754**

1. Limited Liability Company's Name

911 C4L.C.

2. Principal Office Address:

25 S.E. 2nd Avenue

Suite, Apt. #, etc.

1025

City & State

Miami, Florida

Zip

33131

Country

USA

3. Mailing Office Address

25 S.E. 2nd Avenue

Suite, Apt. #, etc.

1025

City & State

Miami, Florida

Zip

33131

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

6/5/2002

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Charles H Gelman PA

Street Address (P.O. Box Number is Not Acceptable)

25 SE 2nd Avenue

Suite, Apt. #, Etc.

Suite 1025

City

Miami

State

FL

Zip Code

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

Charles H Gelman

Date

5/20/04

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
MGRM	Giovanni Fontenessi	Suite 1025, 25 S.E. 2nd Avenue Miami, Florida 33131	Miami, Florida 33131

REINSTATEMENT

2003-04

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 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

Giovanni Fontenessi

Date

5/20/04

Daytime Phone #

786-303-9323

Typed or printed name of signing Managing Member/Manager

Giovanni Fontenessi

CR2E041 (10/02)