

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2003 OCT 23 PM 1:56

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000014993

Name and Mailing Address

0005881 01 AT 0.292 \*\*AUTO T3 0 0615 33132-231000



BENTRANI WATCHES, LLC  
100 N. BISCAYNE BLVD  
SUITE 800  
MIAMI FL 33132-2310

100024028561  
10/23/03--01010--009 \*\*150.00



2. New Mailing Address  City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 100 N. BISCAYNE BLVD SUITE 800 MIAMI FL 33132		5. Date Organized or Qualified To Do Business in Florida 06/17/2002	
3. New Principal Place of Business Address  City, State, Zip		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent  BENSADON, RODNEY RAFAEL 100 N. BISCAYNE BLVD., STE. 800 MIAMI FL 33132		9. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  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 \_\_\_\_\_ **SIGNATURE REQUIRED** \_\_\_\_\_ Date \_\_\_\_\_

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
MGR	BENSADON, RODNEY RAFAEL	13620 S.W. 109 AV. MIAMI, FL 33136	MIAMI, FL 33136

**REINSTATEMENT** 2003

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 **SIGNATURE REQUIRED** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)