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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. MITED LIAE LIT FOR PARTY OF PARTY OF THE PROPERTY OF THE PROPERTY

DI SION OF CORPORATION					B Bloom Since, Food			
					03 DEC 17 AM 9: 45			
DOCUMENT # L02000016520 1. Limited Liability Company's Name 31-36, LLC				SECRETARY OF STATE TALEAHASSEE/FLORIDA				
2. Principal Office Address 3. Mailing Office 31 N.W. 31 N.W. 36th Street 31 N.W.		/. 36th Street	4. State/Country of Formation					
Suite, Apt. #, etc. Suite, Apt. #,		etc.	Florida 5. Date Organ To Do Busi	alized or Qualified ness in Florida 7/1/0	12			
l '		City & State Miami,	FL		6. FEI Number			
zip 33127	Country	zip 33127	Country	7. CERTIFICATE	OF STATUS DESIRED	\$5.00 Additional Fee required for a Certificate of Status		
 _	 _	8. 1	lame and Address of Current Regis	stered Agent				
1	Martha Salaza Street Address (P.O. Box Number Suite, Apt. #, Etc. City Miami	er is Not Accentable)	31 N.W. 36th Street	4.0 12/17		5 044 14 **150 00 		
9. I, being Signature o Registered	MD	e above named limite	d liability company, am familiar with a	and accept the obligat	ions of Chapter 608, F.S.	CR2E041 (10/02)		
10. Name	es and Street Addresses of Managin	g Members/Managers			· · · · · · · · · · · · · · · · · · ·			
Titles	Name of Managing Members/Managers		Street Address of Each Managing Member/Manager		City / State / Zip			
MGRM	MGRM Martha Salazar		31 N.W. 36th Street		Miami, FL 33127			
				INSTA		2003		
					M THOMAS			
filing the	his reinstatement application the reas	son for dissolution has	trustee empowered to execute this a been eliminated, the limited liability of information indicated on this applica-	ompany name satisfie	s the requirements of secti-	on 608,406, F.S., and that		
Signature o Managing N	Member/Manager	tha Sa	lay Date_!	12/12/03 0	Daytime Phone#			
Typed or pr	/ rinted name of signing Managing Me	mber/Manager Ma	rtha Salazar					