PLÉZ E REZ	AL INS	ŔÜ ΤΙΟ (S) EF RE				
COMPANY REINSTATEMENT	S DIVIS	DEPARTIMENT OF STATE ecretary of State	01/1	SION OF CORPORAL FEB -5 PM 12: 47		
DOCUMENT # LOZOC REINSTATEMENT				L02/20/04		
2. Principal Office Address	3. Mailing Office Address		_			
1403	J. Mailing On	SAME		ntry of Formation	$\neg$	
Suite, Apt. #, etc.	Suite, Apt. #, e	Suite, Apt. #, etc.		Florina, USA		
1830 MERLYAN AVE	O MERIDAN AVE-			nized or Qualified iness in Florida - 7/10/2002		
City & State	City & State		6. FEI Numbe		 Эг	
MIAMI BEACH, FL			45-	0496553 Not Applic	able	
33139 Country USA	Zip	Country	7. CERTIFICATE	S5.00 Additional Fee red for a Certificate of Sta	quired atus	
000	8. Na	ame and Address of Current Regis				
Name						
CHARLES =	Zuaun	·····	71	<del>90029269577</del>		
Street Address (P.O. Box Number is Not Acceptable)				//0401006033 **203.00		
Suite, Apt. #, Etc.	X	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
City MAMY SEACH				State Zip Code FL 33139		
Signature of 12764					CR2E041 (10/02)	
Registered Agent				Date 1/2//	8	
10. Names and Street Addresses of Managing M	embers/Managers					
Titles Name of	Name of		ach anager	City / State / Zip		
GM- CHARLES 7, LAWY - SAME AS-A			ARSVE		_ _	
	<u>v · (</u>	`	<del> </del>			
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		200°	<u>/</u>		$\dashv$	
DEIN	CTATE	MENT ZOOY				
		18400000				
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44				and feet in phosphas SCO. C.O. Library and the state of t	_	
11. I certify that I am managing member/manager filing this reinstatement application the reason all fees owed by the limited liability company by	for dissolution has b	peen eliminated, the limited liability of	ompany name satisfic	ed for in chapter 608, F.S. I further certify that whe es the requirements of section 608.406, F.S., and the ate, and my signature shall have the same legal eff	nat	
as if made under oath.						
Signature of Managing Member/Manager	$\bigcirc$	t Date	1/27/04	Daytime Phone#	7/	
	' '	•	;		1	

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