

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2004 NOV 29 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000019097

1. Limited Liability Company's Name

Colinet Management, LLC

2. Principal Office Address

1541 Brickell Ave.

Suite/Apt. #, etc.

10-01

City & State

Miami, FL

Zip

33129

Country

USA

3. Mailing Office Address

1541 Brickell Ave.

Suite/Apt. #, etc.

10-01

City & State

Miami, FL

Zip

33129

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified To Do Business In Florida

10/19/02

6. FEI Number

56-2285575

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

Stalin Colinet

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

1541 Brickell Avenue

Suite/Apt. #, Etc.

10-01

City

Miami

State

FL

Zip Code

33129

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

Stalin Colinet
REGISTERED AGENT MUST SIGN

Date

11/22/04

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
President	Stalin Colinet	1541 Brickell Ave.	Miami / FL / 33129
			20043557132 12/27/04--01049--005 **200.00
			REINSTATEMENT 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 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

Stalin Colinet
STALIN COLINET

Date

11/22/04

Daytime Phone #

305-726-3090

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)