## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT  COMPANY  COMPANY						FILED  2004 MAR 16 PM 2: 08  DIVIJION OF CORPORATIONS			
DOCUMENT # L02000019810  1. Limited Liability Company's Name  MGA GROUP, LLC						TALLAHAS	SEE, FLORIDA	1	
						400030707334 03/18/0401019004 **100.00			
2. Principal Office Address 1800 SW 27 ave			3. Mailing Office Address SAME			4. State/Country of Formation			
Suite, Apt. #, etc			Suite, Apt. #, etc.		5. Date Organ	FLORIDA, DADE-COUNTY  5. Date Organized or Qualified To Do Business in Florida 08-05-2002			
City & State MIAMI, FLORIDA			City & State			To Do Business in Florida 08-05-2002  6. FEI Number  Applied For			
Zip 331/45	Country	*	Zip	Country	7. CERTIFICATE				
001(1			R Name and	Address of Current Book	istand Acous		Tor a Cerumonte o	or Status	
Name and Address of Current Registered Agent SANCHEZ, MARIO JR.									
	Street Address (P.O. Box Number is Not Acceptable)								
	Suite, Apt. #, Etc. 1800 5 € 27 avl. # 502								
City MIAMI						State Zip Code			
Signature of Registered Agent REGISTERE AGENT MUST SIGN  8. I, being appointed the registered agent of the above rained limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.  Date 03-12-2004									
10. Names and Stree Addresses of Managing Members/Managers									
Titles	Managing	Name of g Members/Manage		Street Address of Managing Member/ N	lanager	City / State / Zip			
MGRM	SANCHEZ, MA	ARIO JR.	180	0 SW 27	MIAMI, FL 331 45				
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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 Manager / account of Date 03-12-2004 Daytime Phone #									
Typed or printed name of signing Managing Member/Manager									

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

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DIVIJION OF CORPORATIONS TALLAHASSEE, FLORIDA

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

PLEASE BE ADVICE THAT FOR ANY REASON WE DIN NOT RECEIVE THE UNIFORM BUSINESS REPORT FOR 2003, 2004. AND PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU FOR YOUR TIME AND CONSIDERATION IN THIS MATTER IN THIS MATTER AND IF YOU SHOULD HAVE ANY FURTHER QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT US.

CORDIALLY,

MARIO SANCHEZ JR

**MGRM**