

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 AUG 30 AM 8:08

DOCUMENT # L02000020940

1. Limited Liability Company's Name

CUNDINA I, LLC

2. Principal Office Address

601 N. FLAMINGO ROAD

Suite, Apt. #, etc.

SUITE 208

City & State

PEMBROKE PINES, FL

Zip

33028

Country

USA

3. Mailing Office Address

601 N. FLAMINGO ROAD

Suite, Apt. #, etc.

SUITE 208

City & State

PEMBROKE PINES, FL

Zip

33028

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

08/15/2002

6. FEI Number

N/A

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

ISAAC LEVY

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

601 N. FLAMINGO ROAD

Suite, Apt. #, Etc.

SUITE 208

City

PEMBROKE PINES

State

FL

Zip Code

33028

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

REGISTERED AGENT MUST SIGN

Date AUGUST 10, 2004

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
MGRM	ISAAC_LEVY	601 N. FLAMINGO RD., SUITE 208	PEMBROKE PINES, FL 33028

REINSTATEMENT

03-04
JM

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

Date 08/10/2004

Daytime Phone#

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)