

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUN -6 AM 10:19

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L02000020951

1. Limited Liability Company's Name

Maken, LLC

2. Principal Office Address

441 N.E. 58 Street

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, Florida

Zip

33334

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03-05

4. State/Country of Formation

Florida, U.S.

5. Date Organized or Qualified
To Do Business in Florida

8-15-02

6. FEI Number

202472888

☒ Applied For☐ Not Applicable7. CERTIFICATE OF STATUS DESIRED ☐If checked, a fee is required.
See instructions on page 2 of 3.

8. Name and Address of Current Registered Agent

Name

Eduardo A. Guernica, CPA

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

7200 N.W. 19 Street

Suite, Apt. #, Etc.

Suite # 301

City

Miami

State

FL

Zip Code

33126

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

600056394836

06/21/05 01045--020 ***250.00

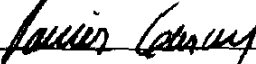
10. Names and Street Addresses of Managing Members/Managers

Titles	Names of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgrm	Garay, Custodio	441 N.E. 58 Street	Ft. Lauderdale, Fl. 33334
Mgrm	Sierra, Nury	441 N.E. 58 Street	Ft. Lauderdale, Fl. 33334
Mgrm	Garay, Javier	441 N.E. 58 Street	Ft. Lauderdale, Fl. 33334
Mgrm	Garay, David	441 N.E. 58 Street	Ft. Lauderdale, Fl. 33334
Mgrm	Arrieta, Miriam	441 N.E. 58 Street	Ft. Lauderdale, Fl. 33334

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 3-10-05

Daytime Phone # 954-553 8616

Typed or printed name of signing Managing Member/Manager