

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 FEB 12 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**

1. **DOCUMENT #** L02000021138

Name and Mailing Address

0005854 01 AT 0.292 \*\*AUTO T3 0 0615 33132-145507



CIFALC, LLC  
555 NORTHEAST 15TH ST., 7TH FLOOR  
STUDIO A  
MIAMI FL 33132-1455



2/12

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/16/2002	
Principal Place of Business 555 NORTHEAST 15TH ST., 7TH FLOOR STUDIO A MIAMI FL 33132	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 02-0639787	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent  SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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10. 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

*[Signature]*  
**SIGNATURE REQUIRED**  
DATE REGISTERED AGENT MUST SIGN

Date 10/24/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	LOPEZ, VIRGINIA	555 NORTHEAST 15TH ST., 7TH FLOOR, STUDIO A	MIAMI FL 33132
MGR	ORTEGA, NELSON	555 NORTHEAST 15TH ST., 7TH FLOOR, STUDIO A	MIAMI FL 33132

000028657720  
02/12/04--01032--007 \*\*200.00

**REINSTATEMENT** 2003-2004

12. 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

*[Signature]*  
**SIGNATURE REQUIRED**  
Typed or printed name of signing Managing Member/Manager Virginia Lopez

Date 2-2-04

Daytime Phone # 305-577-0034