FILED PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.
2004 MAY 24 PM 4: 53

LIMITED LIABILITY **COMPANY**



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS FALLAHASSEE, FLORIDA

CORAL GABLES, FL CORAL GABLES, FL 320032195	REIN	STATEME	NT		DIVIS	SION OF C	ORPORATIONS				ENTROSEL,	LEON	UM
2695 LEJEUNE ROAD 2695 LEJEUNE ROAD 30ute, Apt. #, etc. 3RD FLOOR City & State CORAL GABLES, FL CORAL GABLES, FL CORAL GABLES, FL Zip Zip Zip 33134 Country Zip State CORAL GABLES, FL Country Zip State CORAL GABLES, FL Zip State B. Name and Address of Current Registered Agent Name PEREZ, MARTINIANO J Street Address (P.O. Box Number is Not Acceptable) 12224 SW 101 TERR Suite, Apt. #, Etc. City MIAMI State State Association of Registered Agent Reg	1. Limited L	iability Company	/'s Nam	ė		WORK	K, LLC	 :	55/0 05/0	000 5/04	135 44 2 -0101602	2 98! 2 **)	5 150.00
B. Name and Address of Current Registered Agent PEREZ, MARTINIANO J Street Address (P.O. Box Number is Not Acceptable) 12224 SW 101 TERR Suite, Apt. #, Etc. City MIAMI State City MIAMI PEREZ, MARTINIANO J State REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Titles Managing Members/Managers Managing Members/Managers Managing Members/Managers Managing Members/Managers Managing Members/Managers MIAMI, FL 33186 11.1 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 lumited liability company name satisfies the requirements of section 608, A96, F.S., and the affects of the requirements of section 608, A96, F.S., and the affects owned 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 effects of made under cath.	2695 L Suite, Apt. #, 3RD F City & State CORAL Zip	EJEUNE etc. LOOR L GABLE	S, Fl	- 1 Man	2695 LE Suite, Apt. #, ¢ 3RD FL City & State CORAL Zip	EJEUN etc. OOR	LES, FL Country		5. Date Organ To Do Bus 6. FEI Numbe	IDA nized or Quiness in Flo	132195 \$5.00 September 1	.00 Additio	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 12224 SW 101 TERR State Zip Code State Zip Code State S	00104		<u> </u>								0 00011120	for a Certif	icate of Status
9. I, being appointed the registered agent of the above partly limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Titles Managing Members/Managers Street Address of Each Managing Members/Managers Managing Members/Manager 12224 SW 101 TERR MIAMI, FL 33186 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 the 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 effects of the control		Street Addres	s (P.O.		ANO J					State	Zip Code	985 **5	J. 00
Titles Name of Managing Members/Managers Street Address of Each Managing Members/Manager City / State / Zip MGR - PEREZ, MARTINIANO J 12224 SW 101 TERR MIAMI, FL 33186 PEREZ, MARTINIANO J 12224 SW 101 TERR MIAMI, FL 33186 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 the 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 effects in made under oath.	Signature of Registered A	Agent	<i>y</i>	/ <u> </u>	GISTERED AG	ENT MUST		iar with and a	accept the obliga) Y	
MGR - PEREZ, MARTINIANO J 12224 SW 101 TERR MIAMI, FL 33186 PEREZ, MARTINIANO J 12224 SW 101 TERR MIAMI, FL 33186 PEREZ, MARTINIANO J 12224 SW 101 TERR MIAMI, FL 33186 PEREZ, MARTINIANO J 12224 SW 101 TERR MIAMI, FL 33186 PEREZ, MIAMI, FL 331		s and Street Add	dresses		ibers/Managers		Street Add	Iress of Each		<u> </u>	·		
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Typed or printed name of signing Managing Member/Manager	filing the all fees as if man againg to Managing	is reinstatement s owed by the lim ade under oath f Member/Manage	applica nited liab	tion the reason for	dissolution has been paid. The	been elimi	nated, the limited on indicated on this	liability comp s application	pany name satisfi is true and accur	es the requarte, and m	irements of section y signature shall ha	n 608.406, ave the sar	F.S., and that me legal effect