ينده	PLEASE READ	ALL INSTR	UCTIONS BEI	FORE C	OMPLET	ING THIS FORM	1.	
	COM ANY STALMENT	FLORIDAD Se	E ARTNETT (F	STITE	2	SECRET TY OF ST WISION CORP 03 DEC AM	ATIONS 9: 55	ŀ
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	Liability Company's Name		1,		11	12/19		
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REIN	STATEMENT	2003			. 6	ogozsai:	9226	
	al Office Address	3. Mailing Offic			12/1	1/030101903	32 **155.00	_
<u> </u>	DNW 28 ST.	3/50 Suite, Apt. #, etc	NW 28:	ST:		ntry of Formation	JSA.	1
SURE, Apr.	07	· —	07	-	5. Date Orga	nized or Qualified		1
City & State	6	City & State			6. FEI Numb	· · · · · · · · · · · · · · · · · · ·	26-2002	-
MIF		MIAM				0105892	Applied For Not Applicab	le
^{zip} 33 i	142 Country USA	3314	Country 2 USV	a [7. CERTIFICATI	E OF STATUS DESIRED 🏿	5.00 Additional Fee requi	
			ne and Address of Curre	ent Registere	d Agent			-
	Name SERGIO	CALI	EJAS					
Street Address (P.O. Box Number is Not Acceptable) 3750 NW 28 ST. Suite, Apt. #, Etc.								
	$\frac{20f}{\text{City}}$					State Zip Code		
	MIAMI					State Zip Code FL 3314	2_	
9. I, being Signature o Registered	Agent	ve named limited lia	016	liar with and ad	coept the obliga		?-2003	CROEDA1 (10/02)
10. Name	es and Street Addresses of Managing Men	bers/Managers			-]
Titles	Name of Managing Members/Manage		Managing Me	dress of Each ember/Manage		City / S	tate / Zip	1
MGR	SERGIO R. CALLE	JAS 3	750 NW 28	3 ST., 7	#207	MIAMI, FC	33142	
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	DEINICTATION	7 1 1 1 1	- Marie -					4
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filing to	fy that I am managing member/manager o his reinstatement application the reason for is owed by the limited liability company have nade under oath.	dissolution has bee	en eliminated, the limited	liability compar	ny name satisfic	as the requirements of section	n 608.406, F.S., and that	1
Signature of	of Member/Manager	ewsb	<u>.</u>	Date 12-C	18-2003 r	Daytime Phone # 305-	586-9752	_ [
	rinted name of signing Managing Member/	Manager	SERGIO R					1
- 7F - 4 - 1 Pr	and the state of t							- 1