

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  
03 NOV 21 AM 8:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000023119

Name and Mailing Address

0006097 01 AT 0.292 \*\*AUTO T4 0 0615 33137-358699



W & W VENTURES, LLC  
130 N.E. 40TH STREET  
MIAMI FL 33137-3586

BK



2. New Mailing Address WE W VENTURES, LLC c/o THE VIOLEN SHOP, INC City, State, Zip 130 NE 40 ST 11-13 MIAMI FL 33137		4. State/Country of Formation FL	
Principal Place of Business 130 N.E. 40TH STREET 11-13 MIAMI FL 33137		5. Date Organized or Qualified To Do Business in Florida 09/06/2002	
3. New Principal Place of Business Address 130 NE 40 ST. 11-13 City, State, Zip MIAMI, FL 33137		6. FEI Number 22-3868773 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 FLEISCHER, WILLIAM J 130 NE 40TH STREET MIAMI FL 33137		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 11/01/03  
REGISTERED AGENT MUST SIGN

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
MGEM PRES.	W.S. FLEISCHER	130 N.E. 40 ST 11-13 c/o THE VIOLEN SHOP, INC MIAMI FL 33137	MIAMI FL 33137
200024923442 11/21/03 01033 010 **150.00			
<b>REINSTATEMENT 2003</b>			

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** Date 11/01/03 Daytime Phone # 305-572-9222  
Typed or printed name of signing Managing Member/Manager