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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

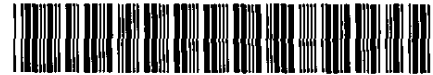
03 NOV -6 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000023761

Name and Mailing Address

0006748 01 AT 0.292 **AUTO T6 0 0615 33156-205890

MV RESTLESS, L.C.
5790 S.W. 97TH STREET
C/O GUILLERMO SALAZAR
MIAMI FL 33156-2058

2. New Mailing Address 13637 DEERING BAY DR., APT. 212 City, State, Zip CORAL GABLES, FL 33158		4. State/Country of Formation FL	
Principal Place of Business 5790 S.W. 97TH STREET C/O GUILLERMO SALAZAR MIAMI FL 33156		5. Date Organized or Qualified To Do Business in Florida 09/12/2002	
3. New Principal Place of Business Address #212 13637 DEERING BAY DR. City, State, Zip CORAL GABLES, FL 33158		6. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent KLEIN, BRENT A 801 BRICKELL AVENUE, SUITE 1901 MIAMI FL 33131		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent Name Klein, Brent D. Street Address (P.O. Box Number is Not Acceptable) 801 Brickell Avenue Suite 1901 City Miami FL Zip Code 33131	
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 REQUIRED Date Nov. 3, 2003 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
MGRM	Guillermo Salazar	Apt. 212 13637 Deering Bay Drive	Coral Gables, FL 33158

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 REQUIRED

Date **Nov. 4/03**Daytime Phone # **954-217-6055**

Typed or printed name of signing Managing Member/Manager

Guillermo Salazar

CR2E084 (7/03)