

L02000024058

APPROVED AND FILED 1052

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAY -3 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L02000024058**

1. Limited Liability Company's Name

Bartoli Institute, LLC

800035168718
05/03/04--01021--022 **100.00

2. Principal Office Address

19999 E Country Club Dr.

Suite, Apt. #, etc.

505

3. Mailing Office Address

19999 Country Club Dr.

Suite, Apt. #, etc.

505

City & State

Aventura, FL.

City & State

Aventura, FL.

Zip

33180

Country

US

Zip

33180

Country

US

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

9/16/02

6. FEI Number

75-3086809

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED,

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Teresa Bartoli

Street Address (P.O. Box Number is Not Acceptable)

19999 E Country Club Dr

Suite, Apt. #, Etc.

505

City

Aventura

State

FL

Zip Code

33180

9. 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

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Teresa Bartoli	19999 E. Country Club Dr.	Aventura, FL. 33180

REINSTATEMENT

WBS
WBI

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 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

Teresa Bartoli

Date

4/27

Daytime Phone #

305-931-3092

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)

TOPPING, KESSLER & CO.

A Partnership of Professional Associations

Certified Public Accountants

Elliot S. Kessler, C.P.A.
David T. Topping, C.P.A.
Jerome J. Topping, C.P.A.

Sheridan Hills Professional Plaza
4020 Sheridan Street, Suite C
Hollywood, Florida 33021
Broward (954) 983-5800
Fax (954) 983-0001
FL (800) 273-4524
cpa@topkes.com

April 23, 2004

Florida Dept of State
Division of Corporations

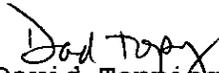
Re: Bartoli Institute, LLC
Document# L02000024058

Dear Sir or Madam:

The company referenced above did not receive a Uniform Business Report notice for 2003. The company had moved offices and was never notified of the filing requirement. We respectfully request that the status of the company becomes active again and an abatement of the reinstatement fee in the amount of \$100.00.

We thank you in advance for your cooperation in this matter. If you have any questions, please contact us at the above address or telephone number.

Very truly yours,


David Topping