

PLEASE READ ALL INSTRUCTIONS BEFORE FILING THIS DOCUMENT

L02000024445

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 19 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000024445

1. Limited Liability Company's Name

INNER CITY HOLDINGS OF MIAMI LLC

2. Principal Office Address

780 NW Lejeune Rd

Suite, Apt. #, etc. **516**

City & State

Miami, FL

Zip

33126

Country

USA

3. Mailing Office Address

780 NW Lejeune Rd.

Suite, Apt. #, etc. **516**

City & State

Miami, FL

Zip

33126

Country

USA

4. State/Country of Formation
Florida, USA

5. Date Organized or Qualified To Do Business in Florida
09/19/2002

6. FEI Number
22-38-72096

Applied For
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$500 Additional Fee required for a Certificate of Status

600025037326
11/25/03--01050--014 **150.00

B. Name and Address of Current Registered Agent

Name **Cesar Del Rey**

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

780 NW Lejeune Road

Suite, Apt. #, Etc. **516**

City **Miami**

State
FL

Zip Code **33126**

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

REGISTERED AGENT MUST SIGN

Date **11/18/2003**

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
MCR	Del Rey, Cesar	780 NW LeJeune Rd #516	Miami, FL 33126

REINSTATEMENT 2003

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 608.408, 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

Date **11/18/2003** Daytime Phone#

Typed or printed name of signing Managing Member/Manager

CESAR DEL REY, MANAGER

CR2001 (10/02)