

01/14/2004 18:03 FAX

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PHONE NO. 3056638999

L0200025410

APPROVED AND FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L0200025410

1. Limited Liability Company's Name American Icon, LLC

2. Principal Office Address

740 340 CALATRAVA AVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Gables, FLORIDA

City & State

Zip 33146

Country USA

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified to Do Business in Florida

09/26/03

6. FBI Number

none

Applied For

MSA Approval

7. CERTIFICATE OF STATUS DECIDED

8. Name and Address of Current Registered Agent

Name Espino, Luis, A.

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

201 S. Biscayne Blvd.

Suite, Apt. #, etc.

Suite 400

City

Miami

State FL

Zip Code 33131

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 409, P.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date Jan. 14, 2004

10. Name and Street Address of existing Member/Manager

TYPE	Name of existing Member/Manager	Street Address of each existing Member/Manager	City / State / Zip
MGR	Alex Sanchez	740 Calatraya Avenue	Coral Gables, FL 33146

11. I certify that I am managing (as/has/manager) or the receiver or trustee empowered to execute this application as provided for in chapter 609, F.S. I further certify that when this application is filed, the reason for dissolution has been allocated, the limited liability company meets the requirements of section 609.409, F.S., and that all taxes 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]

Date 01-14-04

Cellular Phone#

Type or printed name of existing Member/Manager

H04000009234

2003-2004

REINSTATEMENT

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*WJZ*

Division of Corporations

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Florida Department of State  
Division of Corporations  
Public Access System

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To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : M.S. GREENE & ASSOCIATES, P.A.  
Account Number : I20030000144  
Phone : (305) 379-7001  
Fax Number : (305) 379-7008

*2704*

*LOZ-25410*

**LIMITED LIABILITY REINSTATEMENT**

**AMERICAN ICON, LLC**

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