

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 OCT 28 PM 5:14

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

1. DOCUMENT # L02000026496

Name and Mailing Address

0006390 01 AT 0.292 \*\*AUTO T5 0 0615 33143-271700



GOLDEN DOME LLC  
7800 SW 67 TERRACE  
MIAMI FL 33143-2717



10/28 2003

2. New Mailing Address <b>4913 SW 71 PLACE</b>		4. State/Country of Formation FL	
City, State, Zip <b>MIAMI, FL 33155</b>		5. Date Organized or Quantified To Do Business in Florida 10/08/2002	
Principal Place of Business 7800 SW 67 TERRACE MIAMI FL 33143	3. New Principal Place of Business Address <b>4913 SW 71 PLACE</b>	6. FEI Number <b>05-0538563</b>	Applied For Not Applicable
	City, State, Zip <b>MIAMI, FL 33155</b>	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  TAMAYO, IGNACIO R 7800 SW 67 TERRACE MIAMI FL 33143	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4913 SW 71 PLACE</b> City <b>MIAMI</b> FL Zip Code <b>33155</b>
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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]* **REQUIRED** Date 10/23/03

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
MGRM	TAMAYO, IGNACIO R	<del>7800 SW 67 TERRACE</del> <b>4913 SW 71 PLACE</b>	<del>MIAMI FL 33143</del> <b>33155</b>
MGRM	FERNANDEZ, PEDRO M	12000 SW 93 ST.	MIAMI FL 33188
			800024207868 10/28/03--01056--003 **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]* **REQUIRED** Date 10/23/03 Daytime Phone # 305-665-6306

Typed or printed name of signing Managing Member/Manager