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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 L02000026570

AND  
 FILED

OCT 22 PM 1:14

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000026570

Name and Mailing Address

0006528 01 AT 0.292 \*\*AUTO T5 0 0615 33146-120911



GRANADOS LLC  
 4311 MONSERRATE STREET  
 CORAL GABLES FL 33146-1209



2. New Mailing Address P.O. Box 347702		4. State/Country of Formation FL	
City, State, Zip Coral Gables FL 33234-7702		5. Date Organized or Qualified To Do Business in Florida 10/08/2002	
Principal Place of Business 4311 MONSERRATE STREET CORAL GABLES FL 33146	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent GRANADOS, ERNESTO 4311 MONSERRATE STREET CORAL GABLES FL 33146		9. Name and Address of New Registered Agent Name Street Address (P.O. Box) City FL Zip Code	
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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 Ernesto Granados Date 10/18/03

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
Pres	Ernesto Granados	4311 Monserrate St <del>Coral Gables FL</del>	Coral Gables FL 33146

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 Ernesto Granados Date 10/18/03 Daytime Phone # 305-586-8930

Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)