PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY **COMPANY**



FLORIDA DEPARTMENT OF STATE Secretary of State FILED May 05, 2004 8:00 A.M.

REINSTATEMENT	<i>y</i>	OF CORPORATIONS	Secre	etary of State
DOCUMENT # LOA 1. Limited Liability Company's Name	0000273	44		•
801, 40	C		20 05/05	00035442752 5/0401016014 **205.00
2. Principal Office Address 2727 Holola Street		Address ME	L	ntry of Formation Plus A / VS A
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Date Organ	nized or Qualified siness in Florida 10/16/02
City & State MIAMI P	City & State		6. FEI Numbe	
33133 Country VSA	Zip	Country	7. CERTIFICATE	E OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status
·	8. Name	and Address of Current Reg	jistered Agent	
Name JORGE J	. GONZA	1LEZ		
Street Address (P.O. Box Number	is Not Acceptable)		٠ بر فر در	
Suite, Apt. #, Etc.				
City MiAMi				State Zip Code FL 3 3/3 3
9. I, being appointed the registered agent of the	above named limited labi	ility company, am familiar with	and accept the obligat	
Signature of Registered Agent	REGISTERED AGENT	MUST SIGN		Date 4/30/04
10				
Titles Name of				City / State / Zip
MURM Jorge J. Con:	ner a	TO HIGH S	7.	Himi Pe 33/33
,				
4		-		
		REIN		MENT
	,			<u>0003-04</u>
filing this reinstatement application the reason	on for dissolution has been	eliminated, the limited liability	company name satisfie	ies the requirements of section 608.406, F.S., and that
Signature of Manager	Country VSA Zip Country To CERTIFICATE OF STATUS DESIRED To SOUN ABdifferent Per egglers for a Certificate of Status 8. Name and Address of Current Registered Agent Name JORGE J. SOUND ABDIFFERD Street Address (P.O. Box Number is Not Acceptable) 2727 HILOLA STREET Stude, Apt. II. Etc. City Min Mi REGISTERED AGENT MUST SIGN Date REGISTERED AGENT MUST SIGN Page of Street Address of Managing Member Managers Name of Managing Member of Managers Name of Managing Ma			
Typed or printed name of signing Managing Mer	ber/Manager	ge J. GONZAU	eż	