

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
L02000027477
FLORIDA DEPARTMENT OF STATE
Glenda S. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 NOV 24 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000027477

Name and Mailing Address

0000695 01 AV 0.278 **AUTO T4 1 0615 33139-910050



LEIMARCO, LLC
750 COLLINS AVE.
SUITE 200
MIAMI FL 33139-9100

REINSTATEMENT



| | | | |
|--|--|---|--|
| 2. New Mailing Address City, State, Zip | | 4. State/Country of Formation FL | |
| Principal Place of Business 750 COLLINS AVE. SUITE 200 MIAMI FL 33139 | | 3. New Principal Place of Business Address 763 Collins Ave Suite 301 City, State, Zip Miami Beach, FL 33139 | |
| | | 5. Date Organized or Qualified To Do Business in Florida 10/17/2002 | |
| | | 6. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> | |
| | | 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 FLEITES, CARLOS M ESQ. 407 LINCOLN ROAD SUITE 9-D MIAMI BEACH FL 33139 | | 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 600024979766 11/24/03--01079--020 **155.00 City FL Zip Code | |
|--|--|--|--|

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 11/18/03

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 |
| MGRM | BERGENT, LEIMARCO | 750 COLLINS AVE, SUITE 200 | MIAMI BEACH FL 33139 |
| MGRM | REINEKE, CHRISTOPH S | 53 N. MOORE ST. | NEW YORK NY 10013 |
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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 11/18/03 Daytime Phone # 305 672 5009

Typed or printed name of signing Managing Member/Manager