

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 NOV 21 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000029280
Name and Mailing Address

0000267 01 AV 0.27B **AUTO T1 0 0615 33131-140878
INSTITUTO DE LA MENTE, LLC
168 S.E. 1ST STREET, SUITE 1103
MIAMI FL 33131-1408



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 168 S.E. 1ST STREET, SUITE 1103 MIAMI FL 33131		5. Date Organized or Qualified To Do Business in Florida 11/01/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number	Applied For 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 ZURITA, CECILIA 168 S.E. 1ST STREET, SUITE 1103 MIAMI FL 33131	9. Name and Address of New Registered Agent Name <i>BK</i> Street Address (P.O. Box Number is Not Acceptable) City <i>BK</i> 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 _____ **SIGNATURE REQUIRED** _____ Date _____

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	
MGRM	ZURITA, CECILIA	168 S.E. 1ST STREET, SUITE 1103	MIAMI FL 33131

REINSTATEMENT *2003*
BK

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 *11/19/03* Daytime Phone # *305-394-6898*

Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)