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2. New Mailing Address 11623 SW 90TH TERR.		4. State/Country of Formation FL	
City, State, Zip MIAMI, FL 33176		5. Date Organized or Qualified To Do Business in Florida 11/19/2002	
Principal Place of Business 833 LORCA STREET CORAL GABLES FL 33134		3. New Principal Place of Business Address 11623 SW 90TH TERR City, State, Zip MIAMI, FL 33176	
		6. FEI Number X02-0656825	
		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 ALCAZAR, PAUL 833 LORCA STREET CORAL GABLES FL 33134		9. Name and Address of New Registered Agent Name JAIME J. LEVY Street Address (P.O. Box Number is Not Acceptable) 11623 SW 90TH TERR City MIAMI FL 33176	
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 X SIGNATURE REQUIRED Date Feb. 18, 2004 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
MGR	ALCAZAR, PAUL Jan 24, 2004	833 LORCA STREET NOLONGER MGR/partner	CORAL GABLES FL 33134
MGR	LEVY, JAIME J	8701 S.W. 78TH PLACE 11623 SW 90TH TERR	MIAMI FL 33134 33176
			000030579400 03/16/04--01104--002 **\$0.00
			000030579400 03/16/04--01104--003 **\$150.00
			000030579400 03/16/04--01104--004 **\$5.00
REINSTATEMENT 2003-04			
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 X SIGNATURE REQUIRED Date x 2/18/2004 Daytime Phone # x 305-496-1988 Typed or printed name of signing Managing Member/Manager			

CB2E084 (7/03)