1. DOCUMENT #

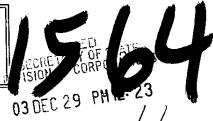
L02000031564

Name and Maifing Address

Signature of

Managing Member/Manage

Typed or printed name of signing Managing Member/Manager Rachel J. Reeves



Date 12/26/2003 Daytime Phone # 305-694-6210

~ 1909

REINSTATEMENT 2003  2. New Mailing Address  City, State, Zip				4. State/Country of Formation FL  5. Date Organized or Qualified To Do Business in Florida  11/22/2002			
							Principal Place of Business 900 N.W. 54TH STREET MIAMI FL 33127
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status					
	8. Name and Address of Current	Name and Address of New Registered Agent					
NORRIS-WEEKS, BURNADETTE ESQ			Name Rachel J Reeves Street Address (P.O. Box Number is Not Acceptable)				
100 SOUTHEAST 6TH STREET FT LAUDERDALE FL 33301			900 NW 54 Street				
			Miami FL Zip Code 33127				
Signature of Registered	Agent R	EGISTERED AGENT MUST SIGN			Date _12/26/2003-		
11. Names Title(s)			et Address of Each ing Member/Manager		City / State	City / State / Zip	
MGRM	Rachel J Reeves	900 NW 54	Street	÷	-Miami,-FL 33127	7	
MGR	Garth B Reeves	900 NW 54	Street		Miami, FL 33127	7	
MGR	Garth C Reeves	900 NW 54	Street		Miami, FL 3312	7	
		2003		30	    1002 <u>581</u> 39	and and	
	REINSTATEM	ENT M		12/29	000258133 /0301050011	**150.00	
filing t	fy that I am managing member/manager his reinstatement application the reason to so wed by the limited liability company hande under oath.	or the receiver or trustee empowere or dissolution has been eliminated, the	d to execute this a e limited liability co ed on this applicati	application as provide mpany name satisfi on is true and accu	I ded for in chapter 608, F.S. I fu es the requirements of section rate, and my signature shall har	urther certify that when 608.406, F.S., and that we the same legal effect	

34 (7/03)

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