PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

				THE THICK OF CITY.		
LIMITED LIABILITY COMPANY REINSTATEMENT		RTMENT OF S ry of State CORPORATIONS		FILED CRETARY OF STAT ION OF CORPORATI NOV 10 PM 1:50		
DOCUMENT # LO20000 32075 1. Limited Liability Company's Name						
Milbea II, LLC			<u></u> ,	ONOSSOES	SNS	
2. Principal Office Address	3 Mailing Office Address		11/2	0 0025068 : 3/0301024019	**150.00	
1302 NE 125 STREET	3. Mailing Office Address SAME		A State/Cou	A State/Country of Formation		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. State/Cou	4. State/Country of Formation		
				5. Date Organized or Qualified To Do Business in Florida		
City & State	City & State	State		Ī—————————————————————————————————————		
North Mumi, FL			6. FEI Numb	er	✓ Applied For Not Applicable	
33161 United STA	Zip TES	Country	7. CERTIFICATI		O Additional Fee required or a Certificate of Status	
	3. Name and A	Address of Current	Registered Agent			
Name	ILTON (1)	200				
Street Address (P.O. Box Number is No		bas				
1302 NE 125 STreet						
Suite, Apt. #, Etc.						
City NOITH MIAMI				State Zip Code FL 33/6/	10 -03 CREENT (100/02)	
9. 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 Pagent Must sign Date 10-30-03						
10. Names and Street Addresses of Managing Mem		1	_ . —. —			
Titles Name of Stree			ddress of Each Member/Manager City / State / Zip		a / Zip	
MGR MILTON CUbi	95 130:	2 NE 12	5 street	North Mum	i, FL 3316	
					7	
	1		STATEM	FMT OS	<i>ेश</i> खें	
		tel des quests but the tes		6	20.0	
		Λ				
11. I certify that I am managing member manager or filing this reinstatement application the reason for call feed owed by the limited liability dompany have as if made under oath.	lissolution hasi béén elimina	ated, the lindited liabil	ity company name satisfie blication is true and accuration $10-30$	s the requirements of section 6 ate, and my signature shall have	08.406, F.S., and that the same legal effect	
Signature of Managing Member/Manager Date Daytime Phone # 301 - 3 17 - 05						
Typed or printed name of signing Managing Member/Manager						