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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FAX AUDIT NUMBER: H04000083195 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L02000032443

1. Limited Liability Company's Name

MAMAN FINE ART, LLC

2. Principal Office Address	3. Mailing Office Address	4. State/ Country of Formation
Av. Libertador 2475	**Av. Libertador 2475**	**Florida**
Suite, Apt. #, etc.	Suite, Apt #, etc.	5. Date Incorporated or Qualified To Do Business in Florida: **12/04/02**
City & State: **Buenos Aires**	City & State: **Buenos Aires**	6. FEI Number: Applied For ( ) / Not Applicable (X)
Zip / Country: **Argentina**	Zip / Country: **Argentina**	7. CERTIFICATE OF STATUS DESIRED ( )

8. Name and address of Current Registered Agent

Name: **Registered Agents of Florida, LLC**

Street Address (P.O. Box Number is Not Acceptable): **100 Southeast Second Street**

Suite, Apt. #, Etc.: **Suite 2900**

City: **Miami** State: **FL** Zip Code: **33131**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of section 608, F.S.

Signature of Registered Agent: Charles Rennert

Charles J. Rennert, Vice President

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Members/ Managers	City / State / Zip
MGRM	Daniel Ernesto Maman	Av. Libertador 2475	Buenos Aires, Argentina
MGRM	Patricia Passino	Av. Libertador 2475	Buenos Aires, Argentina
		REINSTATEMENT 03-04	AL1

10. I hereby certify that I am managing/ member 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 corporate 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: Charles Rennert

Charles J. Rennert, Authorized Representative of Member

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER — Date — Daytime Phone #

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Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : Berman Rennert Vogel & Mandler, PA
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LIMITED LIABILITY REINSTATEMENT

MAMAN FINE ART, LLC

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