


PLEASE READ ALL INSTRUCTIONS BEFORE COM

FILED
Apr 04, 2005 8:00 am
Secretary of State

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>L02000032732</u>			
1. Limited Liability Company's Name <u>MY OWNINGS LLC</u>			
2. Principal Office Address <u>11535 SW 152 CT</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>11535 SW 152 CT</u> Suite, Apt. #, etc.	
City & State <u>Miami, FL</u> Zip <u>33196</u> Country		City & State <u>Miami, FL</u> Zip <u>33196</u> Country	

4. State/Country of Formation <u>Florida</u>	
5. Date Organized or Qualified To Do Business in Florida <u>2002</u>	
6. FEI Number <u>412073938</u>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name <u>Yahoska Bermudez</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>11535 SW 152 CT</u>	
Suite, Apt. #, Etc. 	
City <u>Miami</u>	State <u>FL</u> Zip Code <u>33196</u>

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 <u>Yahoska Bermudez</u>	Date <u>03/08/05</u>
REGISTERED AGENT MUST SIGN	

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>vice president</u>	<u>Mara Bermudez</u>	<u>13830 SW 152 place</u>	<u>Miami, FL 33196</u>

11. 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 <u>Yahoska Bermudez</u>	Date <u>03/08/05</u>	Daytime Phone # <u>305 752 2899</u>	
Typed or printed name of signing Managing Member/Manager <u>Yahoska Bermudez</u>			

CR2E041 (10/02)