

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -8 AM 11:40

1. DOCUMENT # L02000033731

Name and Mailing Address

0000176 01 AV 0.278 **AUTO T1 0 0615 33131-284750



MA HOLDINGS, LLC
701 BRICKELL AVENUE, SUITE 3000
MIAMI FL 33131-2847

200025265622
12/08/03--01003--026 **100.00



600023606766
12/10/03 01050 003

2. New Mailing Address Suite 200 - 5805 Blue Lagoon Dr.		4. State/Country of Formation FL	
City, State, Zip Miami, FL 33126		5. Date Organized or Qualified To Do Business in Florida 12/16/2002	
Principal Place of Business 701 BRICKELL AVENUE, SUITE 3000 MIAMI FL 33131	3. New Principal Place of Business Address Suite 200 City, State, Zip Miami, FL 33126	6. FEI Number 20-0441750	Applied For Not Applicable
8. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE, SUITE 3000 MIAMI FL 33131		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

9. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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.

INTRASTATE REGISTERED AGENT CORPORATION

Signature of Registered Agent Steven H. Hagen **RE REQUIRED** Date _____

Steven H. Hagen-REGISTERED AGENT MUST SIGN Vice President

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
Manager	Marcello Agostini	Suite 200 5805 Blue Lagoon Drive	Miami, FL 33126

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 Marcello Agostini Date 12/1/03 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____