



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		<div style="transform: rotate(90deg); transform-origin: right top;">FILED 05 JUN - 1 PM 1:47 TALLAHASSEE, FLORIDA SECRETARY OF STATE</div>	
DOCUMENT # L03000009871					
1. Limited Liability Company's Name <div style="text-align: center;">SEVILLE IMPORTS, LLC BK 04</div>					
2. Principal Office Address 200 S. BISCAYNE BLVD.		3. Mailing Office Address 200 S. BISCAYNE BLVD.		4. State/Country of Formation FLORIDA	
Suite, Apt. #, etc. SUITE 4100		Suite, Apt. #, etc. SUITE 4100		5. Date Organized or Qualified To Do Business in Florida	
City & State MIAMI, FL		City & State MIAMI, FL		6. FEI Number <input type="checkbox"/> Applied For - Not Applicable	
Zip 33131	Country USA	Zip 33131	Country USA	7. <input type="checkbox"/> 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 CORPORATE INTERNATIONAL REGISTERED AGENTS INC.					
Street Address (P.O. Box Number is Not Acceptable) 200 S. BISCAYNE BOULEVARD 00055981720					
Suite, Apt. #, Etc. SUITE 06/05/05--01068--001 **200.00					
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 Chapter 608, F.S.					
Signature of Registered Agent  Date 5/25/05 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	
MGRM	SEVILLE IMPORTS, INC.	PARROCO VICENTE MOYA 14		41840 PILAS, SEVILLE, SPAIN	
<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">REINSTATEMENT</div> <div style="font-size: 2em; margin-left: 100px;">2004-2005</div>					
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 ANTONIO CARRASCO Date 5/26/05 Daytime Phone # 305 577 4795					
Typed or printed name of signing Managing Member/Manager					

CR25041 (10/02)