

L03000021688

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 14 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000021688

1. Limited Liability Company's Name:

Esmos Enterprises LLC

BKR

2. Principal Office Address 4922 SW 32 WAY Suite, Apt. #, etc.		3. Mailing Office Address C/O SARA MEIR, BEST BUYS Suite, Apt. #, etc. 5707 SHERIDAN ST		4. State/Country of Formation Florida	
City & State HOLLYWOOD, FL		City & State HOLLYWOOD FL		5. Date Organized or Qualified To Do Business in Florida 6/16/2003	
Zip 33312	County BROWARD	Zip 33021	County BROWARD	6. FEI Number 20-1740555	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name

ESTHER OVADIA

Street Address (P.O. Box Number is NOT Acceptable)

4922 SW 32 WAY

Suite, Apt. #, etc.

City

HOLLYWOOD

State

FL

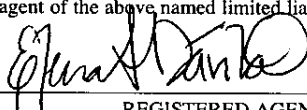
Zip Code

33312

000041979010

10/19/04--01028--008 **50.00

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


by E.S. Davila as attorney-in-fact

Date 10/13/04

REGISTERED AGENT MUST SIGN

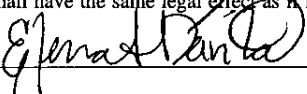
10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Esther Ovadia	4922 SW 32 WAY	HOLLYWOOD FL 33312
MGRM	Moises Farca	4922 SW 32 WAY	HOLLYWOOD FL 33312

REINSTATEMENT 2004

BKR

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


Date 10/13/2004

Daytime Phone # 305-444-4949

Type or print name of signing Managing Member/Manager

Esther Ovadia, MGRM

by E.S. Davila as attorney-in-fact

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Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

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TALLAHASSEE, FLORIDA

Re: Esmos Enterprises LLC

BK

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. 50.00 check payable to Florida Department of State

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2007/4

Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: *Esther Ovadia*
by E.S. Davila as attorney-in-fact

Name: Esther Ovadia

Title: Manager/Member

Date: 10/13/04