


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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06 FEB 20 AM 9:19

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L03000028382

1. Limited Liability Company's Name
WISE HOLDINGS LLC

800067310558
03/07/06--01021--021 **255.00
CR2E041 (8/05)

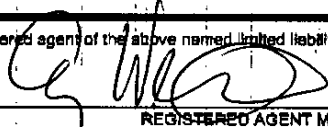
2. Principal Office Address 9195 COLLINS AVE.		3. Mailing Office Address 9195 COLLINS AVE.	
Suite, Apt. #, etc. 903		Suite, Apt. #, etc. 903	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33160	Country USA	Zip 33160	Country USA

4. State/Country of Formation FLORIDA/USA	
5. Date Organized or Qualified To Do Business in Florida 08/01/2003	
6. FEI Number 32-0087904	Applied For <input type="checkbox"/> 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 CARY WEISS	
Street Address (P.O. Box Number is Not Acceptable) 9195 COLLINS AVE.	
Suite, Apt. #, Etc. 903	
City MIAMI	State / Zip Code FL 33160

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 **X**  Date **2/8/06**

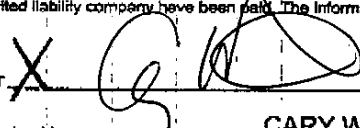
REGISTERED AGENT MUST SIGN

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	CARY WEISS	9195 COLLINS AVE., #903	MIAMI, FL 33160

REINSTATEMENT 04-06

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 **X**  Date **2/8/06** Daytime Phone# **212-719-9600**

Typed or printed name of signing Managing Member/Manager **CARY WEISS**