
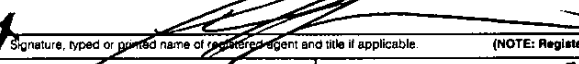



# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JAN 25 AM 11:20

DOCUMENT # L03000029425					
1. Entity Name GRECO-MIRANDA L.L.C.					
Principal Place of Business 2135 N.W. 1ST AVENUE MIAMI, FL 33137-			Mailing Address % ARTY, COHN, FEUER, & MAYA 1150 NW 72 AVE. STE 760 MIAMI, FL 33126		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01182005 REIN-LLC CR2E101 (6/04)	
City & State		City & State		4. FEI Number <b>11-3715618</b>	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
Zip <b>33127</b>		Country		Zip Country	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GRECO, PAUL 2134 NW MIAMI CT. MIAMI, FL 33137			Name		
			Street Address (P.O. Box Number is Not Acceptable) <b>2135 NW 1st Avenue</b>		
			City <b>Miami</b> FL Zip Code <b>33127</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) <b>04-05</b> <b>1/21/05</b>					
<b>FILE NOW!!! FEE IS \$200.00</b>		REINSTATEMENT		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRECO, PAUL <b>2134 NW MIAMI CT.</b> <b>MIAMI, FL 33137</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
			<b>2135 NW 1st Avenue</b> <b>Miami FL 33127</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
			300045893559 02/03/05--01006--021 **200.00		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			Date <b>1/21/05</b>		Daytime Phone # <b>305-592-9954</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					