
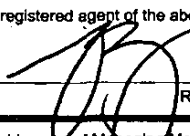
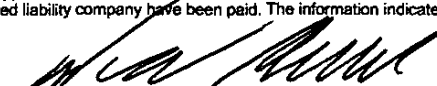


1 of 2

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 2005 JAN 18 PM 2:07 DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA	
DOCUMENT # L03000036684					
1. Limited Liability Company's Name MCVC HOLDINGS, LLC					
2. Principal Office Address 5701 COLLINS AVE			3. Mailing Office Address SAME		
Suite, Apt. #, etc. APT# 708			Suite, Apt. #, etc.		
City & State MIAMI BEACH, FL			City & State		
Zip 33140	Country USA	Zip	Country	4. State/Country of Formation FLORIDA / U.S.A.	
				5. Date Organized or Qualified To Do Business in Florida 09/25/03	
				6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				7. 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 MUELLE ERIK ESQ					
Street Address (P.O. Box Number is Not Acceptable) 2100 CORAL WAY					
Suite, Apt. #, Etc. SUITE# 502					
City MIAMI				State FL	Zip Code 33145
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 01-14-05	
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	
MGR	MIGUEL ANGEL CASTILLO	5701 COLLINS AVE APT# 708		MIAMI BEACH FL 33140	
MGR	VERANIA CASTILLO	5701 COLLINS AVE APT# 708		MIAMI BEACH FL 33140	
900045026559 01/18/05--01044--012 **100.00					
REINSTATEMENT 2004-05					
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 01-14-05 Daytime Phone#	
Typed or printed name of signing Managing Member/Manager					

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TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

FILED

2005 JAN 18 PM 2:08

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

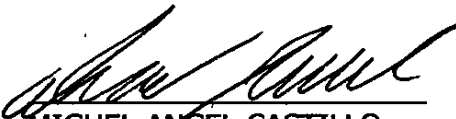
TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED OUR ANNUAL REPORT FORM FOR 2004 FROM YOUR OFFICE TO PAY THE UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,



MIGUEL ANGEL CASTILLO
MGR