


2004 LIMITED LIABILITY COMPANY REINSTATEMENT *

FILED

04 OCT 22 PM 4:04

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

DOCUMENT # L03000040374		
1. Entity Name TEISTA, LLC		

Principal Place of Business 501 BRICKELL KEY DRIVE SUITE 504 MIAMI, FL 33131	Mailing Address 501 BRICKELL KEY DRIVE SUITE 504 MIAMI, FL 33131
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2. Principal Place of Business 501 Brickell Key Dr Suite, Apt. #, etc. ste 504 City & State Miami, FL	3. Mailing Address Suite, Apt. #, etc. City & State
Zip 33131	Country U.S.A



10192004 REIN-LLC CR2E101 (6/04)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HOWE, OSMOND C JR. 501 BRICKELL KEY DRIVE SUITE 504 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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)	DATE
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FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOWE, OSMOND C JR. 501 BRICKELL KEY DRIVE KEY BISCAYNE, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT
w/o penalty fees

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 10/19/04	Daytime Phone # (305) 377-1012
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