## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	S	DEPARTM ecretary of sion of core			DEC 27 PM 3: 22
DOCUMENT # 203000053667  1. Limited Liability Company's Name  TTALIA PRONTO MODA HC				SE TAL	CRETARY OF STATE LAHASSEE. FLORIDA
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address			CR2E041 (1/07)		
2304 FAIRWAY ESTATES	CF		4. State/Country of Formation		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		FLORIDA		
City & Chate	City & State		5. Date Organized or Qualified To Do Business in Florida 01/01/04		
City & State VALMICO, 12	·			6. FEI Numbe	Applied For Not Applicable
33594 Country	Zip	Co	ountry	7. CERTIFICATE	OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent					
Name REUVEN DES  Street Address (P.O. Box Number is Not Acceptable)  9260 BAY ELAZA BLVD  Suite, Apt. #, Etc.  City State Zip Code			A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.		
1/7/7/1/1   FL   336/9					
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					
10. Names and Street Addresses of Managing Members/Managers					
Titles Name of Managing Members/ Manage	Titles Name of Managing Members/Managers		Street Address of Each Managing Member/Manager		City / State / Zip
MAR ROUVEN ODES 9260 BY RAZ		37 RASA	BLUD	TAMPA, 12, 83619	
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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 filling 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 Date 12/07 Daytime Phone# 56/-2/12-1/12					
Typed or printed name of signing Managing Member/Manager Pruvew Oder					