

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2006 JAN 24 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten initials



01232006 REIN-LLC CR2E101 (11/05)

DOCUMENT # L04000028016	
1. Entity Name SUSI COLLECTION, LLC.	



Principal Place of Business 6039 COLLINS AVENUE SUITE 706 MIAMI BEACH, FL 33140	Mailing Address 6039 COLLINS AVENUE SUITE 706 MIAMI BEACH, FL 33140
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2. Principal Place of Business 7757 Crespi Blvd	3. Mailing Address 7757 Crespi Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami Beach, FL	City & State Miami Beach, FL
Zip 33141	Zip 33141
Country USA	Country USA

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MENDONCA, EURIDICE A 6039 COLLINS AVENUE SUITE 706 MIAMI BEACH, FL 33140	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7757 Crespi Blvd City Miami Beach FL Zip Code 33141	
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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 <i>Euridice Mendonca</i>	DATE January 23, 2006

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR- MENDONCA, EURIDICE A 6039 COLLINS AVENUE #706 MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 7757 Crespi Blvd Miami Beach, FL 33141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MENDONCA, JOAO C 6039 COLLINS AVENUE #706 MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7757 Crespi Blvd Miami Beach, FL 33141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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

REINSTATEMENT 2005-2006

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Euridice Mendonca</i>	DATE: January 23, 2006
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #