

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT -8 PM 1:37

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04 0000 33297

1. Limited Liability Company's Name

FOOZEY, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # The Colonnade 2333 Ponce De Leon Blvd.		3. Mailing Office Address 8150 SW 151 Street	
Suite, Apt. #, etc. Suite 302		Suite, Apt. #, etc.	
City & State Coral Gables, Florida 33134		City & State Miami, FL	
Zip 33134	Country USA	Zip 33158	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida April 30, 2004	
6. FEI Number	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
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 Roland Sanchez-Medina Jr.			
Street Address (P.O. Box Number is Not Acceptable) The Colonnade 2333 Ponce De Leon Blvd.			
Suite, Apt. #, Etc. Suite 302			
City Coral Gables	State FL	Zip Code 33134	

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.

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 _____
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	Sean Kramer	8150 SW 151 Street	Miami, Florida 33158

EINSTATEMENT
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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 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 Roland Jr Date 10/3/07 Daytime Phone # 305-448-4344

Typed or printed name of signing Managing Member/Manager Assistant Secretary