

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 AUG 28 PM 2:01

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

200134668812
08/20/08--01025--006 **416.25

CR2E041 (12/07)

DOCUMENT # L04000048094

1. Limited Liability Company's Name
ESCARPE L.L.C

2. Principal Office Address - No P.O. Box # 9511 COLLINS AVE		3. Mailing Office Address 9511 COLLINS AVE	
Suite, Apt. #, etc. 909		Suite, Apt. #, etc. 909	
City & State SURFSIDE		City & State SURFSIDE	
Zip 33154	Country USA	Zip 33154	Country USA

4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number 20-1314179	Applied For <input type="checkbox"/> Not Applicable <input 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
JOSEPH NAE

Street Address (P.O. Box Number is Not Acceptable)
1549 NE 123RD STREET

Suite, Apt. #, Etc.

City
N MIAMI

State
FL

Zip Code
33161

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 *Joseph Nae* Date 8/15/8

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
MGRM	HORACIO BERCUN	9511 COLLINS AVE APT 909	SURFSIDE FL 33154
REINSTATEMENT <u>De-07-08</u>			

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 *[Signature]* Date 8/18/8 Daytime Phone (305) 541-3980

Typed or printed name of signing Managing Member/Manager _____