

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2009 MAY 27 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400155982004
05/14/09--01013--009 **416.25

CR2E041 (10/08)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000072129

1. Limited Liability Company's Name

SILVIANA LLC

2. Principal Office Address - No P.O. Box #

3138 COMMODORE PLAZA

Suite, Apt. #, etc.

SUITE 104

City & State

COCONUT GROVE FL

Zip

33133

Country

US

3. Mailing Office Address

3138 COMMODORE PLAZA

Suite, Apt. #, etc.

SUITE 104

City & State

COCONUT GROVE FL

Zip

33133

Country

US

4. State/Country of Formation

FL

5. Date Organized or Qualified

To Do Business in Florida 10/05/2004

6. FEI Number
20-1782347

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
SILVA HAROUTUNIAN

Street Address (P.O. Box Number is Not Acceptable)
3138 COMMODORE PLAZA

Suite, Apt. #, Etc.
SUITE 104

City
COCONUT GROVE

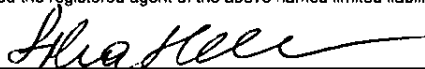
State
FL

Zip Code
33133

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 5.11.09

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	SILVA HAROUTUNIAN	3138 COMMODORE PLAZA STE 104	COCONUT GROVE FL 33133
REINSTATEMENT - 07-08-09			

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



Date 5.11.09

Daytime Phone# 305-442-4431

Typed or printed name of signing Managing Member/Manager **SILVA HAROUTUNIAN MANAGING MEMBER**

COF