PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	T ELAUL NEAD /	TEL INOTINO	TIONS BEFORE		ING 1113, OKW.	
COMPANY REINSTATEMENT CIMITED LIABILITY COMPANY Secretary of State DIVISION OF CORPORATIONS				06 NOV	-3 PM 5: 38 TARY OF STATE	
DOCUMENT #L04000079132				TALLAH	ASSEE FLORIDA	
1. Limited Liability Company's Name						
SAGA ASSOCIATES, L.L.C.						
						1
	771.00				CR2E041 (8/05)	Mt
2. Principal Office Address 1380 NE Miami Gardens Dr.		3. Mailing Office Address 1380 NE Miami Gardens Dr.				7709
Suite, Apt. #, etc.		Suite, Apt. #, etc.		State/Cour	ntry of Formation	
264		264			nized or Qualified iness in Florida 11/01/20	004
City & State		City & State]	т	Applied For
Miami, FL	Country	Miami, FL	Country	33-11	Ď4306 <u></u>	Not Applicable
33179		33179	Joseph	CERTIFICATE	OF STATUS DESIRED \$5.00 Add for a Cel	itional Fee required rtificate of Status
8. Name and Address of Current Registered Agent						
Alex Sorsher						
Street Address (P.O. Box Number is Not Acceptable) 2500-1 N State Road 7						
Suite, Apt. #, Etc.				_		
"City	,Cty				State Zip Code	
Hólly	Hollywood				FL 33021	
9. I, being appointed the	e registered agent of the abo	ve named limited liability	company, am familiar with and	accept the obligat	tions of Chapter 608, F.S.	
Signature of Registered Agent					Date 10 - 20 -	06
REGISTERED AGENT MUST SIGN						
10. Names and Street Addresses of Managing Members/Managers Name of			Street Address of Eac		<u></u>	
Titles	Managing Members/Managers		Managing Member/Manager		City / State / Zip	
MGRM Galing	a Andreueva	1380	1380 NE Miami Gardens Dr.#264		Miami, FL 33179	Ì
			-			-
					7008162263	92
				11/08	/0501023001 *	¥500.00
	· <u> </u>		(P) (F E E A) (F (P)		APRIT OF	7001
	PENSTATE NEW 2005-2006					
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						
i ining uns reinstatem	ent application the reason for limited liability company have	dissolution has been elii	minated, the limited liability comr	anv name satisfie	to for in chapter 608, F.S. I further ce is the requirements of section 608.406 ate, and my signature shall have the s	SES and that
Signature of Managing Member/Manager Date 10/20/06 Daytime Phone # 954-962-6011						
Managing Member/Mana	ager	2	Date	20/06 c	Daytime Phone # $954-96$	62-0011
Typed or printed name of signing Managing Member/Manager						