

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L04000081621

1. Limited Liability Company's Name  
OPTIMA S, L.L.C.

CR2E041 (8/05)

2. Principal Office Address 1380 NE Miami Gardens Dr. Suite, Apt. #, etc. 264 City & State Miami, FL Zip 33179		3. Mailing Office Address 1380 NE Miami Gardens Dr. Suite, Apt. #, etc. 264 City & State Miami, FL Zip 33179	
Country		Country	

4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 11/10/2004	
6. EEI Number 65-1236040	Applied For Not Applicable
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  
Alex Sorsher  
Street Address (P.O. Box Number is Not Acceptable)  
2500-1 N State Road 7  
Suite, Apt. #, Etc.  
City  
Hollywood  
State  
FL  
Zip Code  
33021

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 [Signature] Date 10-20-06  
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	Galina Andreueva	1380 NE Miami Gardens Dr.#264	Miami, FL 33179
MGRM	Svetlana Mishina	1380 NE Miami Gardens Dr.#264	Miami, FL 33179
			500081622605 11/09/06--01023--001 **600.00
			REINSTATEMENT 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 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 10/20/06 Daytime Phone # 954-962-0011

Typed or printed name of signing Managing Member/Manager