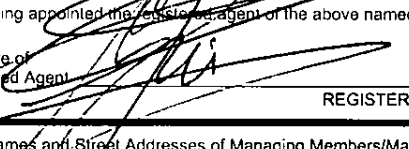
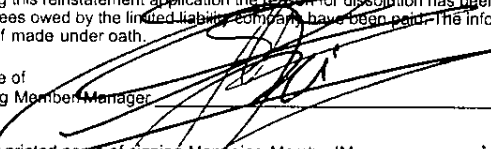


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 606 000021174			
1. Limited Liability Company's Name Bellagio 102, LLC			
2. Principal Office Address - No P.O. Box # 1741 Alton Rd.		3. Mailing Office Address 1741 Alton Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami Beach FL		City & State Miami Beach, FL	
Zip 33139	Country MIAMI-DADE	Zip 33139	Country MIAMI-DADE
4. State/Country of Formation FLORIDA / US A		5. Date Organized or Qualified To Do Business in Florida 2/27/2006	
6. FEI Number 76 0819346		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name Daniel Ettedgui			
Street Address (P.O. Box Number is Not Acceptable) 1741 Alton Rd			
Suite, Apt. #, Etc.			
City Miami Beach		State FL	Zip Code 33139
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 1/8/09	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MR.	Daniel Ettedgui	1741 Alton Rd Miami Beach, FL 33139	Miami Beach, FL 33139
MS.	Beny Bery	1741 Alton Rd.	Miami Beach, FL 33139
S. HAWKES		200140389522	
JAN - 4 2009		01/12/09 01075 019 **516.25	
EXAMINER		STATEMENT	
		2007-08	
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 1/8/09 Daytime Phone # 305-987-7379	
Typed or printed name of signing Managing Member/Manager		Daniel Ettedgui	