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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850)224-8870
Fax Number : (850)222-1222

LIMITED LIABILITY REINSTATEMENT

10101 S DIXIE HWY LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$377.50

$377.50

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/06)

DOCUMENT # L06000103191

1. Limited Liability Company's Name
10101 S DIXIE HWY LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2121 SW 3 AV	2121 SW 3 AV
Suite, Apt. #, etc. 7 FLOOR	Suite, Apt. #, etc. 7 FL
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33129 Country USA	Zip 33129 Country USA

4. State/Country of Formation FLORIDA

5. Date Organized or Qualified To Do Business in Florida 10-19-06

6. FEI Number [X] 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: THE KEYES COMPANY
Street Address (P.O. Box Numbers Not Acceptable): 2121 SW 3AV
Suite, Apt. #, Etc.: 7TH FLOOR
City: MIAMI State: FL Zip Code: 33129

[X] 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: By: TIMOTHY PAPPAS Date: 12-19-08
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	TIMOTHY PAPPAS	2121 SW 3 AV	MIAMI, FL 33129
MGRM	MICHAEL PAPPAS	2121 SW 3 AV	MIAMI, FL 33129
MGR	WALTER REYES	2121 SW 3 AV	MIAMI, FL 33129
	REINSTATEMENT		07-08

11. I certify that I am managing member/manager or the receiver of trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing the 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: 12-19-08 Daytime Phone #: 305-779-1956

Typed or printed name of signing Managing Member/Manager: _____