PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  COMPANY  FLORIDA DEPARTMENT OF STATE  Secretary of State  REINSTATEMENT  DIVISION OF CORPORATIONS			
DOCUMENT # しの8000078726 1. Limited Liability Company's Name			
TRATTORIAIL MISHORE of AVENTURA  2. Principal Office Address - No P.O. Box # 73. Mailing Office Address			CR2E041 (05/10)
2576 Mirani GARORAS D. Suite, Apt. #, etc.		4. State/Coun	try of Formation
Suite, Apt. #. etc. Suite, Ap	Jt. #, etc.	5. Date Organ To Do Busi	nized or Qualified Iness in Florida
City & State City & St AVCNTORA FIA	tate	6. FE≀ Numbe	
Zip Country Zip	Country	7.	Not Applicable  \$5.00 Additional Fee required
33180 USA		CERTIFICATE	OF STATUS DESIRED ( for a Certificate of Status
8. Name and Address of Current Registered Agent  Name SARRY ROTH  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City Aventuc FA  State Zip Code FL 83/80		900189115049 12/30/1001008002 **238.75	
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 Date REGISTERED AGENT MUST SIGN			
Names and Street Addresses of Managing Members/Mana     Name of	agers Street Address of Each	<u> </u>	
Managing Members/Managers	Managing Member/Mana		City / State / Zip
MGR MARVIN GEUSS	2376 Mimi 6	Aegens De	Avenuer FlA 35180
+ STRVE SheA	2576 Wings	HOEND 2	Avenuer Ela 35180
	RI	EINST	ATEMENT 10-1114
11, E-mail Address:  (To be used for future annual report notifications)			
12. 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 filling 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 12 15 0 Daytime Phone # 305-79.2-39.00			