

<p>APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY</p> <p style="font-size: small;">FLORIDA DEPARTMENT OF STATE Sandra B. Mortimer Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED</p> <p>98 NOV 10 PM 4: 30</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>	
<p>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</p>			
<p>1. Name and Mailing Address of Limited Liability Company</p> <p>DOCUMENT # L94000000 664</p> <p>Coral COVE L.C. 11767 S. DIXIE HWY. SUITE 106 MIAMI FL 33156</p>		<p>1a. Principal Place of Business Address</p> <p>11767 S. DIXIE HWY SUITE 106 MIAMI FL 33156</p>	
<p>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</p>			
<p>2. Principal Place of Business</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p>Zip Country</p>		<p>2a. Mailing Address</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p>Zip Country</p>	
<p>3. Date Organized or Qualified</p> <p>12/05/1994</p>		<p>3a. State of Formation</p> <p>FL</p>	
<p>4. FEI Number</p> <p>65-0598526</p>		<p><input type="checkbox"/> Applied For</p> <p><input type="checkbox"/> Not Applicable</p>	
<p>5. Date of Last Report</p> <p>02/03/1997</p>		<p>6. Certificate of Status Desired</p> <p><input type="checkbox"/> \$8.75 Additional Fee Required</p>	
<p>7. Name and Address of Current Registered Agent</p>		<p>8. Name and Address of New Registered Agent</p> <p>Name EDMUNDO HERNANDEZ</p> <p>Street Address (P.O. Box Number is Not Acceptable) 11767 S. DIXIE HWY.</p> <p>Suite, Apt. #, etc. SUITE 106</p> <p>City MIAMI</p> <p>Zip Code FL 33156</p>	
<p>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.</p> <p>Signature of Registered Agent <i>[Signature]</i> Date 11/06/98</p> <p style="text-align: center; font-size: small;">REGISTERED AGENT MUST SIGN</p>			
<p>10. Title</p>	<p>Managing Members/Managers</p> <p>MEM CAMPANO GASTON</p> <p>MEM CAMPANO LISA</p> <p>MEM CAMPANO</p> <p>MEM HERNANDEZ EDMUNDO</p> <p>MEM GARCIA-HERNANDEZ Loni</p>	<p>Business Street Address</p> <p>11767 S. DIXIE HWY #106</p> <p>11767 S. DIXIE HWY #106</p> <p>11767 S. DIXIE HWY #106</p> <p>11767 S. DIXIE HWY #106</p>	<p>City, State & Zip Code</p> <p>MIAMI FL 33156</p> <p>MIAMI FL 33156</p> <p>MIAMI FL 33156</p> <p>MIAMI FL 33156</p>
<p>REINSTATEMENT</p> <p style="font-size: large; font-weight: bold;">98</p> <p style="font-size: large; font-weight: bold;">OR 11-16</p>			
<p>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.</p> <p>Signature of Managing Member/Manager <i>[Signature]</i> Date 11/06/98 Daytime Phone # 828-6983923</p> <p>Typed or printed name of signing Managing Member/Manager EDMUNDO HERNANDEZ</p>			