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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 JAN -6 PM 1:25

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L9600000287
Name and Mailing Address

0006564 01 AT 0.292 **AUTO T5 0 0615 33149-131010
RAMON BLANCO-HERRERA HOLDINGS, L.C.
310 FERNWOOD ROAD
KEY BISCAVNE FL 33149-1310



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 03/07/1996	
Principal Place of Business 310 FERNWOOD ROAD KEY BISCAVNE FL 33149	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-0849411	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E084 (7/03)

8. Name and Address of Current Registered Agent GUTIERREZ, NICOLAS J JR.,ESQ 1101 BRICKELL AVENUE, SUITE 1400 MIAMI FL 33131	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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10. 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 REQUIRED Date 1/2/04
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	BLANCO-HERRERA, RAMON	310 FERNWOOD ROAD	KEY BISCAVNE FL 33149
			300025602063 12/18/03--01042--002 **150.00

REINSTATEMENT 2003

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 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 REQUIRED Date 12/15/03 Daytime Phone # 305-444-4451

Typed or printed name of signing Managing Member/Manager