

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L96000000530

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC -3 AM 10:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L96000000530

1. Limited Liability Company's Name

ALBERANI ASSOCIATES, LLC.

2. Principal Office Address

400 SE 9TH STREET

Suite, Apt. #, etc.

3. Mailing Office Address

2873 NE 28TH ST

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip

33316

Country

BROWARD

Zip

33306

Country

BROWARD

4. State/Country of Formation

FLORIDA / BROWARD

5. Date Organized or Qualified To Do Business in Florida

MAY 7, 1996

6. FEI Number

65-0570109

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

ALAN ALBERANI

Street Address (P.O. Box Number is Not Acceptable)

2873 NE 28TH STREET

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State
FL

Zip Code

33306

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

REGISTERED AGENT MUST SIGN

Date

11/21/02

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
mgym	ALAN ALBERANI	400 SE 9TH ST	FT. LAUDERDALE / FL, 33316

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12/03/02--01083--010 **250.00

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

11/21/02

Daytime Phone #

754-234-9067

Typed or printed name of signing Managing Member/Manager

ALAN ALBERANI

CR2041 (9/01)