FEB-22-99 12:05 FROM-LAW OFFICE OF SIDNEY Z BRODIE 9544723355 T-359 P.02/02 F-367

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR -2 PM 4:10

APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

L96000001083

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L96000001083

PALFEA, L.C.
5025 Collins Avenue #901
Miami Beach, Florida 33140

10/17 97

If above mailing address is incorrect in any way, line through incorrect information and enter correction at Block 2a

1a. Principal Place of Business Address

5025 Collins Avenue #901
Miami Beach, Florida 33140

2. Principal Place of Business: same as above
Suite, Apt. #, etc:
City & State:
Zip: Country:

2a. Mailing Address: same as above
Suite, Apt. #, etc:
City & State:
Zip: Country:

3. Date Organized or Qualified: 10/14/96

3a. State of Formation: Florida

4. FEI Number: ☐ Applied For ☐ Not Applicable

5. Date of Last Report:

6. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

SIDNEY Z. BRODIE, ESQ.
7270 NW 12th Street, PH-I
Miami, Florida 33126

8. Name and Address of New Registered Agent

Name: SIDNEY Z. BRODIE, ESQ.
Street Address (P.O. Box Number is Not Acceptable): 7270 NW 12th Street, PH-I
Suite, Apt. #, etc: PH-I
City: Miami FL Zip Code: 33126

9. I hereby Appointed the registered agent of the above named limited liability company. I am familiar with and accept the obligations of Chapter 608 F.S.

Signature of Registered Agent: [signature] Date: 2-26-99

10. Title	Managing Members/Managers	Business Street Address	City State & Zip Code
P/M MGRM	Marcelo Elaskar	5025 Collins Avenue #901	Miami Beach, Fl. 33140
VP/M MGRM	Monica Monje deElaskar	5025 Collins Avenue #901	Miami Beach, Fl. 33140

PENALTY 500.00
A.R. 300.00
ARSUPP 266.25
$1,066.25

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REINSTATEMENT 1997-1999

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: X [signature] Date: 2-26-99 Daytime Phone #:

MARCELO ELASKAR
Typed or printed name of signing Managing Member/Manager

CR2E044 (1/98)