

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 MAR 18 PM 3:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L96000001083

1. Limited Liability Company's Name

Palfea, L.C

400005171564--3

-03/27/02--01038--014

\*\*\*\*255.00 \*\*\*\*255.00

2. Principal Office Address

5025 Collins Ave

Suite, Apt. #, etc.

#901

City & State

Miami Beach, FL

Zip

33140

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

same

City & State

same

Zip

same

Country

same

4. State/Country of Formation

FL USA

5. Date Organized or Qualified  
To Do Business in Florida

10/14/96

6. FEI Number

05-073-6025

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

monica monje

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

5025 Collins Ave

Suite, Apt. #, Etc.

#901

City

miami beach

State

FL

Zip Code

33140

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

monica monje

REGISTERED AGENT MUST SIGN

Date 11/30/01

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
<u>MGRM</u>	<u>monica monje</u>	<u>5025 Collins Ave</u> <u>#901</u>	<u>miami beach, FL 33140</u>

REINSTATEMENT

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

[Signature]

Date 11/30/01

Daytime Phone # (305) 358-6830

Typed or printed name of signing Managing Member/Manager

monica monje

CR2ED01 (3/00)