PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

DIVISION OF CORPORATIONS

1. DOCUMENT #

Name and Mailing Address

L97000000814

FILED 03 OCT 28 PM 5: 14

MJH

0007624 01 AT 0.292 **AUTO T8 0 0615 33180-262441 la Harlina Malalana labban labah labah kalibal TONY RISO COMPANY, L.C. 2641 NE 186 TERRACE NORTH MIAMI BEACH FL 33180-2624

| | | | 10/98 90 | 3 | | |
|---|--|---------------------|---|-----|----------------|--|
| 2. New Mailing Address | | | 4. State/Country of Formation FL | | | |
| City, State, Zip | | | 5. Date Organized or Qualified To Do Business in Florida 07/29/1997 | | | |
| Principal Place of Business | New Principal Place of Business Address City, State, Zip | | 6. FEI Number 65-0770747 | | Applied For | |
| 2641 NE 186 TERRACE NORTH MIAMI BEACH FL 33180 | | | | | Not Applicable | |
| | | | 7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status | | | |
| 8. Name and Address of Current Registered Agent | | | 9. Name and Address of New Registered Agent | | | |
| BENJY BARUCH ATKIN | | Name | | | | |
| 2641 NE 186 TERRACE NORTH MIAMI BEACH FL 33180 | | Street Address | (P.O. Box Number is Not Acceptable) | | | |
| | | City | FL | Zip |) Code | |
| 10. I, being appointed the registered agent of the at | named limited liability company, | am familiar with an | nd accept the obligations of Chapter 608, F.S. | | | |
| Signature of Registered Agent | ETURE REQUIRE | ΕD | Date 10/24/ | 103 | | |

REGISTERED AGENT MUST SIGN

| Date_ | 10/ | 24/ | 03 |
|-------|-----|-----|----|
| _ | | /_ | |

City / State / Zin

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

Name of Managing

| Title(S) | Members/Managers | Managing Member/Manager | | City / State / Zip | |
|----------|------------------|-------------------------|---------------------|-----------------------------------|--|
| MGR | ATKIN. BENJAMIN | 2841 NE 186 TERRACE | - | NORTH MIAMI BEACH FL 33180 | |
| | | | | | |
| | | | 40 10/28/ | 0024185294 0301008004 **150.00 | |
| | | | | | |

Street Address of Each

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 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/Manage

Typed or printed name of signing Managing Member/Manager

18/24/03 Daytime Phone # 305-466-56 87