## 2005 LIMIAED LIABILITY COMPANY REINSTATEMENT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## FILED SECRETARY OF STATE DIVISION OF CONFGRATIONS

Daytime Phone #

Date

1. Entity Nam	MENT # L9700000				V -8 A⊬		•			
Principal Plac	ce of Business	Mailing Address								
3750 NW 87 AVE., #400 MIAMI, FL 33178		3750 NW 87 AVE., #400 Miami, FL 33178			ATRICALISMO ARTICOLORISMO		EBIĒL BUR	1)		
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10142005 RE	IN-LLC	CR2E101 (6	(04)			
City & State		City & State			4. FEI Number 65-077952	6			lied For Applicable	
Zip	Country	Zip Count		гу	5. Certificate of Status Desired 55.00 Additional Fee Required					
	6. Name and Address of Curren		Name	7. Name and Add	ress of New Re	gistered Agent				
	Z-MEDINA, ROLAND JR. ICE DE LEON BLVD.				P.O. Box Number is t	Not Acceptable)	<del>.</del>	<del></del>		
	ABLES, FL 33134		-							
			}	City			FL Zij	Code		
	named entity submits this statement tions of registered agent.	or the purpose of changing its	registered	d office or register	ed agent, or both, in	the State of Flor	ida. I am familia	with, a	nd accept	
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTI	E: Registered	l Agent signature requir	ed when reinstating)		DATE	<del></del>		
	E NOW!!! FEE IS \$150.00 lary 1, 2006, Fee will be \$200.0	o					check payable Department of			
9.	MANAGING MEME	ERS/MANAGERS	10.			ADDITIONS/0	CHANGES			
TITLE	l P	<b>—</b> •	TITLE	· ·	203	Q061:	25790	30gc	☐ Addition	
	1.	☐ Defete		L	4 100		2000612579७७ □Addition 11/08/0501042005 **150.00			
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