

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

L98000002118

FILED

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # L98000002118

1. Limited Liability Company's Name
 Blivas/Kraly Investment L.C.

2. Principal Office Address
 18620 S.W. 134th Ave.

3. Mailing Office Address
 13160 N.W. 43 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Miami, Florida Opa Locka, Florida

Zip Country
 33177 USA 33054 USA

4. State/Country of Formation
 Florida, USA

5. Date Organized or Qualified To Do Business in Florida
 10/1998

6. FEI Number
 65-0869356 Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED

8. Name and Address of Current Registered Agent

Name Robert Kraly
 Street Address (P.O. Box Number is Not Acceptable)
 13160 N.W. 43 Ave
 Suite, Apt. #, Etc.
 City Opa Locka,

State FL Zip Code 33054

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 REINSTATEMENT 1999-2000
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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
 R. Kraly

Date 12/29/99

REGISTERED AGENT MUST SIGN

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
MGR	Larry Blivas	148 S. Westgate Ave	Los Angeles, CA 9004,
MGRM	Robert Kraly	13160 N. W. 43 Ave,	Opa Locka, FL 33054
MGRM	Julie Blivas	148 S. Westgate Ave	Los Angeles, CA 90049
MGRM	Johanna Kraly	13160 N.W. 43 Ave.	Opa Locka, FL 33054

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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
 L. Blivas

Date 12-29-99 Daytime Phone # 310-476-6767

Typed or printed name of signing Managing Member/Manager Larry Blivas