


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 SEP 29 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L98000002118

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

2. Principal Office Address 9100 S. Dadeland Blvd. Suite, Apt. #, etc. Penthouse 1, Suite 1701 City & State Miami, Florida Zip 33156		3. Mailing Office Address 148 S. Westgate Avenue Suite, Apt. #, etc. City & State Los Angeles, California Zip 90049		Country USA	
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4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number 650869358	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
Ira B. Price, Esq.

Street Address (P.O. Box Number is Not Acceptable)
9100 S. Dadeland Boulevard

Suite, Apt. #, Etc.
Penthouse 1, Suite 1701

City
Miami, Florida

State
FL

Zip Code
33156

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 _____ Date _____

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 Avenue	Los Angeles, CA 90049
MGRM	Julie Blivas	148 S. Westgate Avenue	Los Angeles, CA 90049

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 Larry Blivas Date 9/1/04 Daytime Phone # 310-345-6767

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

CR2E041 (10/02)