	PLEASE READ	ALL INST	RUCTIONS	BEFORE		TING THIS FOR	₹M.		
LIMITED LIABILIT						FILED OO JAN TO PM 1:05 SECRETARY OF STATE			
 Limited L 	IMENT # L980 iability Company's Name		12e20126	•	TALL	AHAŞSEE, FLÖRI	J A		
Principal Office Address 3. Mailing Off				1. at					
1066 NW 66 ST 8060 uite, Apt. #, etc. Suite, Apt. #,						Country of Formation			
				5. Date Organized or Qu To Do Business in Fil			Qualified		
tity & State			ni Fl. 6. FEI Number				<u> </u>	Applied For	
ip Country Zip			Count	······································		5-088-32-79 Not Applice			
33	166 USA	331	66 0	AR	CERTIFIC	CATE OF STATUS DESIRED	}		
	Namo / /	8. Na	ame and Address				<u></u>		
Andrew Cuevas Cuevas 2 Rubin, P.A.									
4	Street Address (P.O. Box Number is Not Acceptable) 9200 J. Dadeland Blud								
	Suite, Apt. #, Etc. Suite 603							i	
	City Mianij					State Zip Code FL 3315 6			
9. I, being a Signature of Registered A	Agent////////////////////////////////	ove named limited	los_	am familiar with a	and accept the ob		s. [<u>19/99</u>	·	
10. Name	s and Street Addresses of Managing Me	mbers/Managers							
Titles	Name of Managing Members/Managers		Street Address of Each Managing Member/Manager			City	City / State / Zip		
MGR	MARTIN R	omero	806G	NW	66 st	Miami	Fl.	33166	
			EINST	ATEM	ENT 9	0000309 -01/12/00- ****150.0 9-04	681 -0103 10 ***	92 9036 **150.00	
<u> </u>				<u></u>					
÷									
filing th all fees	that I am managing member/manager is reinstatement application the reason fo owed by the limited liability company hav ade under oath.	or dissolution has t	peen eliminated, the information indicate	e limited liability o ed on this applica	company name sat ation is true and ac	tisfies the requirements of se ocurate, and my signature sh	ection 608.4 all have the	06, F.S., and that same legal effect	
	lember/Manager P (<u></u>	- + /S	<u> </u>	Date	12/26/	7 Saytime Phone # _ <u>30</u>	<u>r 59</u>	21161	
Typed or pri	nted name of signing Managing Member	/Manager							