

AUG. 23. 2004 2:04PM

L99000000891

NO. 6917 P. 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
AUG 26 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99000000891

1. Limited Liability Company's Name

CAYMAN ARTS, L.L.C.

2. Principal Office Address

1507 S. UNIVERSITY DR

Suite, Apt. #, etc.

A

City & State

PLANTATION, FL

Zip

33324

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

1

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

2/8/99

6. FEI Number

522150046

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Bays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Patrick M Galvin
REGISTERED AGENT MUST SIGN

Date 8/25, 2004

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	PATRICK M GALVIN	12 S. VALENCIA DR.	DAVIE, FL 33324

REINSTATEMENT 2003-2004

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 608.408, 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

Patrick M Galvin

Date 8/24/04

Daytime Phone# (954)424-4254

Typed or printed name of signing Managing Member/Manager

PATRICK M GALVIN

CRE2041 (10/02)



CORPORATION SERVICE COMPAN

L99000000891

ACCOUNT NO. : 072100000032

REFERENCE : 861220 7451244

AUTHORIZATION :

Patricia Pizoto

COST LIMIT : \$ 200.00

ORDER DATE : August 24, 2004

ORDER TIME : 9:32 AM

ORDER NO. : 861220-005

CUSTOMER NO: 7451244

CUSTOMER: Mr. Patrick Galvin
Mr. Patrick Galvin
1507a South University Dr
Plantation, FL 33324

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 AUG 26 PM 12:51

FILED

DOMESTIC FILINGS

NAME: CAYMAN ARTS, L.L.C.

XX REINSTATEMENT

BP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

04 AUG 26 AM 10:40

RECEIVED

CONTACT PERSON: Susie Knight EX 2956

EXAMINER'S INITIALS _____