


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		<div>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</div> <div>00 OCT 19 PM 11:02</div> <div>600003454936--4 -11/07/00--01056--021 ****150.00 ****150.00</div>	
DOCUMENT # C991994					
1. Limited Liability Company's Name A Lovely Service					
2. Principal Office Address 11169 NW 46th Drive <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address 4119 N State Rd 7 <small>Suite, Apt. #, etc.</small> # 118		4. State/Country of Formation	
City & State Coral Springs		City & State FT Lauderdale		5. Date Organized or Qualified To Do Business in Florida	
Zip 33076	Country USA	Zip 33319	Country BRW	6. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
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 Maria Kaye					
Street Address (P.O. Box Number is Not Acceptable) 11169 NW 46th Drive					
Suite, Apt. #, Etc.					
City Coral Springs			State FL	Zip Code 33076	
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 Maria Kaye REGISTERED AGENT MUST SIGN Date _____					
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	Richard Montalbano	Same			
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 R Montalbano Date Oct 10 2000 Daytime Phone # 954 214 6681					
Typed or printed name of signing Managing Member/Manager					