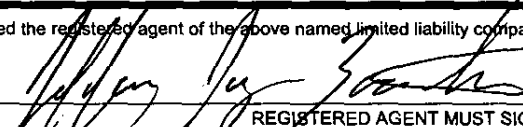


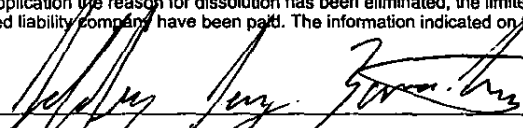
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE DIVISION OF CORPORATIONS 03 SEP -4 PM 1111 LH9/9	
DOCUMENT # L99000001237					
1. Limited Liability Company's Name Baccho Mogen, L.L.C					
REINSTATEMENT 2002-2003					
2. Principal Office Address 23800 Overseas Hwy Suite, Apt. #, etc.		3. Mailing Office Address 23800 Overseas Hwy Suite, Apt. #, etc.		4. State/Country of Formation	
City & State Summerland Key, Florida		City & State Summerland Key, Florida		5. Date Organized or Qualified To Do Business in Florida February 26, 1999	
Zip 33042	Country USA	Zip 33042	Country USA	6. FEI Number 593568455 Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name Jeffrey Jay Zavatsky		
Street Address (P.O. Box Number is Not Acceptable) 23800 Overseas Overseas Hwy		
Suite, Apt. #, Etc.		
City Summerland Key	State FL	Zip Code 33042

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 August 19, 2003
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	Jeffrey Jay Zavatsky	23800 Overseas Hwy	Summerland Key, FL 33042

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 	Date 8/19/2003	Daytime Phone # (305) 393-1073	
Typed or printed name of signing Managing Member/Manager Jeffrey Jay Zavatsky			