

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

02 FEB 25 PM 3:55

DOCUMENT # **L99000001510**

1. Limited Liability Company's Name

**Pine Tree L.C.**

**9/28/01**

2. Principal Office Address

**1051 Collins Ave**

3. Mailing Office Address

**1051 Collins Ave**

Suite, Apt. #, etc.

**Suite # 28**

Suite, Apt. #, etc.

**Suite # 28**

City & State

**Miami Beach Florida**

City & State

**Miami Beach Fla**

Zip

**33139**

Country

**USA**

Zip

**33139**

Country

**USA**

4. State/Country of Formation

**Florida / USA**

5. Date Organized or Qualified To Do Business in Florida

**3/17/99**

6. FEI Number

**applied for**

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

**Taic, Louis**

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

**1051 Collins Ave # 28**

**600005051256-9**

Suite, Apt. #, Etc.

~~03/06/02-01076-084~~

**\*\*\*\*200.00 \*\*\*\*200.00**

City

**Miami Beach Fla**

State  
**FL**

Zip Code

**33139**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **2/19/2002**

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
MNB	Taic, Louis	1051 Collins Ave Suite # 28	Miami Beach Fla 33139
			Rein 100
			01 50
			02 50
			<u>200.00</u>
			me

**REINSTATEMENT 2001-2002**

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

*[Signature]*

Date **Feb. 17 '02**

Daytime Phone # **(305) 535 9966**

Typed or printed name of signing Managing Member/Manager **Taic, Louis**

CR2E041 (9/01)