


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>L9900002026</u>					
1. Limited Liability Company's Name <u>Biscayne Bay Fly Shop, LLC</u> 9/29/00					
2. Principal Office Address <u>8243 S. Dixie Hwy</u> Suite, Apt. #, etc. City & State <u>Miami Florida</u> Zip Country <u>33143 Dade</u>		3. Mailing Office Address <u>8243 S. Dixie Hwy</u> Suite, Apt. #, etc. City & State <u>Miami Florida</u> Zip Country <u>33143 Dade</u>		4. State/Country of Formation <u>Florida / Dade</u> 5. Date Organized or Qualified To Do Business in Florida <u>Aug / 99</u> 6. FEI Number <u>65-0915488</u> 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. Name and Address of Current Registered Agent	
Name <u>Leopold Dominguez</u>	800004564468-1
Street Address (P.O. Box Number is Not Acceptable) <u>1590 Michigan Ave</u>	-08/30/01--01070--007
Suite, Apt. #, Etc. <u># 9</u>	*****50.00 *****50.00
City <u>Miami Beach</u>	800004564468-1
State <u>FL</u>	-08/30/01--01070--008
Zip Code <u>33139</u>	*****150.00 *****150.00

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] Date 12-12-00
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
Manager	José Quintana	240 S.W. 77 Court	Miami 33144
MANAGER	Leopold Dominguez	1590 Michigan Ave #9	Miami Beach FL 33139
MANAGER	Franco Zamboni	4805 Cherokee Ave	Miami Beach FL 33139

REINSTATEMENT

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 8/21/01 Daytime Phone # 305-669-5851

Typed or printed name of signing Managing Member/Manager