

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Division of Corporations		FILED 01 JAN 23 PM 5:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>L99000002299</u>					
1. Limited Liability Company's Name <u>In House Writing, L.C.</u> <u>9409 Fountainblue Blvd # 212</u> <u>Miami FL 33172</u>					
2. Principal Office Address <u>9409 Fountainblue Blvd</u> <u>Suite, Apt. #, etc.</u> <u># 212</u> <u>City & State</u> <u>Miami FL</u> <u>Zip</u> <u>33172</u> <u>Country</u> <u>USA</u>		3. Mailing Office Address <u>9409 Fountainblue Blvd</u> <u>Suite, Apt. #, etc.</u> <u># 212</u> <u>City & State</u> <u>FL</u> <u>Zip</u> <u>33172</u> <u>Country</u> <u>USA</u>		4. State/Country of Formation <u>Florida</u>	
				5. Date Organized or Qualified To Do Business in Florida <u>April 20, 99</u>	
				6. FEI Number <u>65-0914340</u> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
				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 <u>Margarita Borrero</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>9409 Fountainblue Boulevard</u>		
Suite, Apt. #, Etc. <u># 212</u>		
City <u>Miami</u>	State <u>FL</u>	Zip Code <u>33172</u>

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 <u>MARGARITA BORRERO</u>	Date <u>1/4/01</u>
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
<u>MEM</u>	<u>Margarita Borrero</u>	<u>9409 Fountainblue Blvd Apt 212</u>	<u>Miami FL 33172</u>

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 <u>MARGARITA BORRERO</u>	Date <u>1/4/01</u> Daytime Phone # <u>(305) 281-9751</u>
Typed or printed name of signing Managing Member/Manager <u>Margarita Borrero</u>	

CR2E041 (9/00)