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Florida Department of State
Division of Corporations
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To:
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From:
Account Name : BERMAN WOLFE & RENNERT, P.A.
Account Number : 076103002011
Phone : (305)577-4166
Fax Number : (305)373-6036

LIMITED LIABILITY REINSTATEMENT

ATLANTIC HARBOUR CENTRE, L.C.

Certificate of Status	1
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LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # L99000002854

1. Limited Liability Company's Name

ATLANTIC HARBOUR CENTRE, L.C.

2. Principal Office Address	3. Mailing Office Address
1688 Meridian Avenue	1688 Meridian Avenue
Suite, Apt. #, etc. Suite 506	Suite, Apt. #, etc. Suite 506
City & State: Miami Beach FL	City & State: Miami Beach FL
Zip 33139 Country USA	Zip 33139 Country USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 5/18/1999

6. FEI Number: [ ] Applied For [X] 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: Registered Agents of Florida, LLC

Street Address (P.O. Box Number is Not Acceptable): 100 SE Second Street

Suite, Apt. #, Etc.: 3500

City: Miami State: FL Zip Code: 33131

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: Leon J. Wolfe, VP Date:

REGISTERED AGENT MUST SIGN

CR2E041 (9/99)

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	Gilbert Benhamou	1688 Meridian Avenue, #506	Miami Beach, FL 33139

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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 12-20-2000 Daytime Phone # 305-776-7778

Typed or printed name of signing Managing Member/Manager: Gilbert Benhamou, Manager