


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 00 OCT 30 PM 11:02	
DOCUMENT # <u>L99-3059</u>				nf REINSTATEMENT 2000	
1. Limited Liability Company's Name <u>1368 North Miami Avenue, L.L.C.</u>					
2. Principal Office Address <u>1568 North Miami Av.</u>		3. Mailing Office Address <u>162 Columbus Av.</u>		4. State/Country of Formation <u>Florida, U.S.A.</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <u>c/o D.O.R.</u>		5. Date Organized or Qualified To Do Business in Florida <u>July 26, 1999</u>	
City & State <u>Miami, FL.</u>		City & State <u>Boston, Mass.</u>		6. FEI Number <u>65-0980623</u>	
Zip <u>33132</u>	Country <u>U.S.A.</u>	Zip <u>02116</u>	Country <u>U.S.A.</u>	7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <u>63.00</u> Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name <u>Norman S. Weider, Esq.</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>100 S.E. 2nd Street</u>					
Suite, Apt. #, Etc. <u>Suite 3950</u>					
City <u>Miami</u>			State <u>FL</u>	Zip Code <u>33131</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>[Signature]</u> Date <u>10-27-00</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>MEMBER</u>	<u>Kelley S. Parrish</u>	<u>452 NE 59th St.</u>		<u>Miami, FL. 33137</u>	
<u>MEMBER</u>	<u>Danah Parrish</u>	<u>452 NE 59th St.</u>		<u>Miami, FL. 33137</u>	
				000003456200--9 -11/07/00--01123--013 ****155.00 ****155.00	
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>[Signature]</u> Date <u>10/27/00</u> Daytime Phone <u>305 439 1055</u> Typed or printed name of signing Managing Member/Manager <u>Kelley S. Parrish</u>					

CR2E041 (9/00)