PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.													
C	ED LIAE OMPAN ISTATEN	IY (S))	DEPARTME Katherine H Secretary of I	arris State				FILI OCT II RETARY AHASSE	PM 3			
DOCUMENT # L 990000 4751 1. Limited Liability Company's Name								IALL	AHAUVL	,¢, 1 LV	(107)		
FIRST FOLIAGE L.C.								2000:	046 3	8 61 7 0100	72-	5	
17	Office Addr	5W 268st		,w 2	687	-10/15/0101033014 ****150.00 ****150.00 4. State/Country of Formation FURIOR MSR							
Suite, Apt. #			etc.			5. Date Organized or Qualified To Do Business in Florida 3 1999							
City & State City & State City & State City & State				nextend fl			6. FEI Numbe	- 1000	032	1	Applied	d For	
²¹⁰ € 3	303	Country	^{zip} 930	31 000	ntry U.S.	9	7. CERTIFICATE	OF STATUS D	ESIRED 🔲	5.00 Addition for a Certif			
	8. Name and Address of Current Registered Agent												
	Name George Beleler- Lucio MANDICA, et al												
	Street Add	tress (P.O. Box Number is N	7	1000-1	9 24	······································	<u> </u>	1					
	701 Briddle Are guite 2000												
	Suite, Apt. #, Etc.												
	city Miami,						State Zip Code FL 33\3\						
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.													
ignature of Registered /	: Ament	Neval	eldes	•				Date	a 26	ര)			
vegistered /	-go:it		GISTERED AG	ENT MUST SIGN				Date	1	<u> </u>			
10. Names and Street Addresses of Managing Members/Managers													
Titles	Name of Managing Members/ Managers			Street Address of Each Managing Member/Manager					City / S	tate / Zip			
MGK	Jose Garrey			17800 cm 26 P St.				Homesterd, (l 3303)					
MGR	Benfriz Garcer			17800 CW 268 sta				Homestead Fl 33031					
MAL	Gixto CAMPANO			17800 CW 268 Gt.				Hometand Rd 33031					
MGR	Alberto Estrada			17700 SW 268cf			Hometral, Fl 33031						
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الله (الله الله الله الله الله الله الله									, 	9	es.	`	
filing thi all fees	1. 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

Typed or printed name of signing Managing Member/Manager

E041 (9/00)