Florida Department of State Certificate of Administrative Dissolution or Revocation

On June 30, 2002, the Florida Department of State notified the limited liability company indicated below of its intent to dissolve/revoke said limited liability company for failure to file its 2002 uniform business report. Having met the requirements of Section 608, Florida Statutes, this limited liability company is hereby administratively dissolved or revoked effective October 4, 2002, for failure to file its 2002 uniform business report pursuent to Chapter 608, Florida Statutes.

Given under my hand and the Great Seal of the State of Florida, at Tallahassee, the Capitol, this the 4th day 2 October 2002.

This limited liab..., company may series by fining the acried application of the Literal Liab... The Registered Agent and a managing member/manager and paying \$150,00 before January 1, 2003. After January 1, 2 total Light due is \$200.00.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith

Secretary of State DIVISION OF CORPORATIONS

1. DOCUMENT # L99000006612

Name and Malling Address

DODOCT OF PF 0.352 DEPART TO 0 0615 33131-322499 Influential Influence CAO GREENBERG TRAUTIC, P.A. T221 BRICKELL AVE., 24TH FLOOR MIAMI FL 33131-3224

10/4/02

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2. Now Maring Address			4. State/Country of Formation			(8/02)
City, State, Zip			Fl.	nadrae College College		
оку, очана др	, – – –		To Do Busin	oss in Florida	10/12/1999	CH2E084
Principal Place of Business	3. New Principal Place of B	usinoss Address	6. FEI Number	26-0064717	Applied For	Ö
19667 TURNBERRY WAY, U				LIED FOR		
MIAMI FL 33180	City, State, Zip	City, State, Zip		CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required		
8. Name and Address of C	urrent Registereri Agent		9. Name and A	ddrwyg of New Register	red Agent	
,		" Name	Name			Î
MARTIN, PEDRO A ESQ 1221 BRICKELL AVE., 24TH FLOOR		Street Address (P.O. Box Number is Not Acceptable)			Ì	
MIAMI FL 39131	,			9000	TIUEIC	179
		City		05/15/03-	F401034°003	**200.00
10. I, being appointed the registered agent of	f the above named limited liability com	nany am (amiliar with :	and accept the obline	ations of Chanter 608, F.	5	1
Signature of /S/	PEDRO A. MARTI REGISTERED AGENT MUST SIG	N. ESO.		Date		
11. Names and Street Addresses of Each Ma	rvaging Member/Manager					i
Title(s) Name of Mana Mombors/Mana	ging gers h	Street Address of El Managing Mamber/Ma		City / State / Zip		< (\)
MOR SAIEH, MOISES	10057 7	19967 TURNBERRY WAY, UNIT 1		M1AM1 FE 3918		_
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					1	CEP-TOWN
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REINS	TATEMEN	1200	12 -2	11117	175,173,6	
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12. cortify that am manacino member/mar	oper or the receiver or trustes eminum	ered to execute this ex	oplication as provide	d for in chapter 608, F.S.	. I further cortify that when	
12. I cortify that I am managing member/mar filing this reinstatement application the rea of less owed by the limited liability-sement	son for dissolution has been eliminated	, the limited liability cor	npany name Satisfies	the requirements of sec	tion 608.406, F.S., and that	