

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
2002 APR 30 PM 3:54

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006789

1. Limited Liability Company's Name
South Beach OAO, LLC

400005578314--2
-05/22/02--01013--016
****400.00 ****250.00

2. Principal Office Address 653 Washington Avenue Suite, Apt. #, etc.		3. Mailing Office Address same Suite, Apt. #, etc.	
City & State Miami Beach, Fl.		City & State	
Zip 33139	Country USA	Zip	Country

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida 10/18/1999	
6. FEI Number	Applied For Not Applicable
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 Louis J. Terminello		
Street Address (P.O. Box Number is Not Acceptable) 2700 S.W. 37 Avenue		
Suite, Apt. #, Etc.		
City Miami	State FL	Zip Code 33133

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 _____ Date _____

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
Man. Men.	Cecile D. Barker	653 Washington Avenue	Miami Beach, Fl. 33139
			FF \$250.00

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 Date 4/26/02 Daytime Phone # 305-672-4213

Typed or printed name of signing Managing Member/Manager Cecile D. Barker

CR2E041 (9/01)