

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT
2001-2002



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

FILED
02 JUN 10 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L9900000689/

1. Limited Liability Company's Name

REINSTATEMENT
2001-2002
Miami River Inn, LLC

2. Principal Office Address

118 SW South River Dr

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33130

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified To Do Business in Florida

1999

6. FEE

Applied For

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

SALLYE G JUDE

Street Address (P.O. Box Number is Not Acceptable)

118 SW South River Dr

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33130

000005753930--6

06/11/02--01082--008

***200.00 ***200.00

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

Sallye G Jude
REGISTERED AGENT MUST SIGN

Date 4-16-02

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
MEM	SALLYE JUDE	800 EDGEWATER Dr	Coral Gables FL 33130
			50.00 - CF
	REINSTATEMENT	2000 -2002	200.00 - AM
			000005753930--6
			06/11/02 01082 009
			*****50.00 *****50.00

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

Sallye G Jude

Date

4-16-02

Daytime Phone #

305-325-0045

Typed or printed name of signing Managing Member/Manager

CR20041 (9/01)