

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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AND
FILED


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

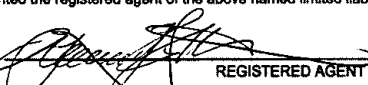
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| | | | |
|---|--|---|--|
| LIMITED LIABILITY COMPANY REINSTATEMENT  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # L9900000 7731 1. Limited Liability Company's Name Midasoza, LLC | | | |
| 2. Principal Office Address 800 Brickell Avenue Suite, Apt. #, etc. #201 City & State Miami, Florida Zip 33131 | | 3. Mailing Office Address 800 Brickell Avenue Suite, Apt. #, etc. #201 City & State Miami, Florida Zip 33131 | |
| Country USA | | Country USA | |

| | |
|---|-------------------------------|
| 4. State/Country of Formation Florida / USA | |
| 5. Date Organized or Qualified To Do Business in Florida 11/12/99 | |
| 6. FEI Number 65-096-2144 | Applied For Not Applicable |
| 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |

| | |
|---|-------------|
| 8. Name and Address of Current Registered Agent | |
| Name Richard J. Ratzook | |
| Street Address (P.O. Box Number is Not Acceptable) 800 Brickell Avenue | |
| Suite, Apt. #, Etc. #201 | |
| City miami | State FL |
| Zip Code 33131 | |

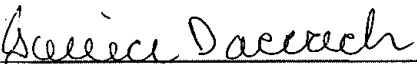
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent  Date 9/7/01

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 |
| managing member | Michel N. Daccach | 800 Brickell Ave. Ste. 201 | miami, Florida 33131 |
| manager | Sonia Zarzur de Daccach | 800 Brickell Ave. Ste. 201 | miami, Florida 33131 |
| | | | 3000004577549 |
| | | | 9-10-01 |

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 9/07/01 Daytime Phone # 305-374-3073

Typed or printed name of signing Managing Member/Manager Sonia Zarzur de Daccach

CR2004 (8/00)



20/2

ACCOUNT NO. : 072100000032
 REFERENCE : 465127 4725791
 AUTHORIZATION : *Patricia Pizots*
 COST LIMIT : \$ 205.00

ORDER DATE : September 10, 2001

ORDER TIME : 10:05 AM

ORDER NO : 465127-005

CUSTOMER NO: 4725791

Richard J. Razook, Esq
 Thomson Muraro Razook & Hart,
 1700 Sun Trust Building
 One Southeast Third Avenue
 Miami, FL 33131-2363

RECEIVED
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 2001 SEP 10 10:25
 NOT RECORDED
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 SUFFICIENCY OF FILING

DOMESTIC FILINGS

NAME: MIDASOZA, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EXT 1156
 EXAMINER'S INITIALS _____