

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



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

DOCUMENT # *2001* *LLBR* *2990000 8198 active*

1. Limited Liability Company's Name

*SEH I LLC*  
*c/o South Florida Hotel, Inc*

2. Principal Office Address

*711 NW 7th Ave*

Suite, Apt. #, etc.

City & State

*Miami FL*

Zip

Country

*33126 USA*

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

*Florida*

5. Date Organized or Qualified To Do Business in Florida

*11/99*

6. FEI Number

*65-0971833*

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

*G. Zaccaro, Sr.*

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

*711 NW 7th Ave*

Suite, Apt. #, Etc.

City

*Miami*

State

*FL*

Zip Code

*33126*

*600003891086-9*

*-03/21/01--01101--004*

*\*\*\*\*\*50.00 \*\*\*\*\*50.00*

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

*[Signature]* *George Zaccaro, Sr.* Date *2/7/01*

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
<i>MEM</i>	<i>G. Zaccaro Sr.</i>	<i>711 NW 7th Ave</i>	<i>Miami, FL</i>
<i>MEM</i>	<i>G. Zaccaro</i>	<i>711 NW 7th Ave</i>	<i>Miami, FL</i>

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

*[Signature]* *George Zaccaro, Sr.* Date *1/27/01*

Daytime Phone #

*407-345-1144*

Typed or printed name of signing Managing Member/Manager

*George Zaccaro, Sr.*