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Name and Mailing Address

02 NOV 13 PM 3: 15

SECRETARY OF STATE . TALLAHASSEE, FLORIDA

0008643 01 FP 0.352 \*\*PR\$RT H7 0 0615 33139-291600 haltaallaadladlabaaahdblaaadlallaaflaaflaaadla SAMBODROMO, LLC 600 LINCOLN RD. MIAMI BEACH FL 33139-2916



Z. New Mailing Address  City, State, Zip				State/Country of Formation     DE     Date Organized or Qualified     To Do Business in Florida     09/14/2000									
							600 LINCOLN RD.		3. New Principal Place of Busine	3. New Principal Place of Business Address		6. FEI Number Applied For	
									City State 7		22-3753726 Not Applicab		
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED 5.00 Additional Fee required for a Certificate of Status											
<del></del>	8. Name and Address of Curre	nt Registered Agent			Address of New Registered	Agent							
BILLERA, DANIELLE			Name										
600	LINCOLN RD.	•	Street Address	ddress (P.O. Box Number is Not Acceptable)									
MIA	Mi BEACH FL 33139	•	,	,									
			City										
	28.4			Maria Principio della dei anni anni calcini di vica di calcini di	FL	Zip Code							
io. I, bein	g appointed the registered agent of the	above named limited liability company,	am familiar with a	and accept the obli	gations of Chapter 608, F.S.								
Signature of Registered A	Agent				Date								
		REGISTERED AGENT MUST SIGN	4-1-2		Date								
Names	and Street Addresses of Each Managi	ng Member/Manager				J. 12. 14. 1							
Title(s)	Name of Managing Members/Managers	Stre Manag	Street Address of Ea Managing Member/Mar		City / State / Zip								
MGRM	BILLERA, DANIELLE	1438 THIRD /	1438 THIRD AVE. #10D		NEW YORK CITY NY 10028								
MGRM	JOHNSON, MATTHEW	MATTHEW 415 E. 37TH ST. #17G			NEW YORK CITY FI	. 10018							
		AL	AL 9										
				11/13/	00089632 )201039014	13 **155.00							
		REINSTA	The										
2. I certify the filing this all fees of as if made	hat I am managing member/manager reinstatement application the reason for wed by the limited liability company had be under oath.	or the receiver or trustee empowered to or dissolution has been eliminated, the ling or been paid. The information indicated		plication as provide pany name satisfies n is true and accura	d for in chapter 608, F.S. I fu the requirements of section ( te, and my signature shall hav	rther certify that when 608.406, F.S., and that the same legal effect							

Typed or printed name of signing Managing Member/Manager

Danielle

Date 11.4.02 Daytime Phone # 212 604 0600

CR2E084 (8/02)