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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 OCT 29 PM 5:19  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. DOCUMENT # M0000002613

Name and Mailing Address

0014872 01 AB 0,301 \*\*AUTO H5 0 0615 10022-303720

COMPASS GROUP L.L.C.  
126 E. 56TH ST., 20TH FLOOR  
NEW YORK NY 10022-3037



10/29 2003

2. New Mailing Address 126 E 56 ST 19 FLOOR		4. State/County of Formation NY	
City, State, Zip New York, NY 10022		5. Date Organized or Qualified To Do Business in Florida 12/18/2000	
Principal Place of Business 126 E. 56TH ST., 20TH FLOOR NEW YORK NY 10022	3. New Principal Place of Business Address	6. FEI Number 13-3859813	Applied For Not Applicable
City, State, Zip		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 VERNET, GUILLERMO 701 BRICKELL AVE., STE. 1550 MIAMI FL 33131	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVE, ST 860 City Miami FL Zip Code 33131
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10. 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]* **SIGNATURE REQUIRED** Date 10/27/03  
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	BALBONTIN, MANUEL	126 E. 56TH ST., 20TH FLOOR	NEW YORK NY 10022
MGR	CRASTO, ANIL	126 E. 56TH ST., 20TH FLOOR	NEW YORK NY 10022
REINSTATEMENT 2002			
100024247771 10/29/03--01018--005 **150.00			

12. 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]* **SIGNATURE REQUIRED** Date 10/23 Daytime Phone # 212 355-7525  
Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)