PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
2004 NOV 18 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M03000001422

1. Limited Liability Company's Name
MR CONSULTING LLC

2. Principal Office Address	3. Mailing Office Address
712 Fifth Avenue	848 Brickell Avenue
Suite, Apt. #, etc.: 29 Floor	Suite, Apt. #, etc.: Suite 830
City & State: New York, NY 10019	City & State: Miami, Florida
Zip: 10019 Country: USA	Zip: 33131 Country: USA

4. State/Country of Formation: New York
5. Date Organized or Qualified To Do Business in Florida: 05/05/03
6. FEI Number: 65-1161003 ☐ 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: Miguel A. Martin

Street Address (P.O. Box Number is Not Acceptable): 848 Brickell Avenue,

Suite, Apt. #, Etc.: Suite 830

City: Miami State: FL Zip Code: 331-31

800042841502
11/18/04--01002--010 **50.00
$150.00

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: _____ Date: 11/15/04
REGISTERED AGENT MUST SIGN

(R2E041 (10/02))

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
MGR	Rosenberg, Fatos	4201 Bay Point Rd.	Miami, FL 33137
		REINSTATEMENT 04	

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 608.408, 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: 11/15/04 Daytime Phone #: (305) 374-4422

Typed or printed name of signing Managing Member/Manager: FATOS ROSENBERG