
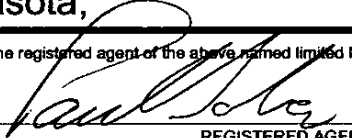
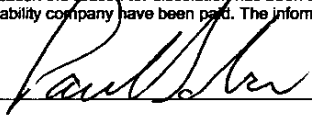


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 DEC -8 PM 2:57 SECRET TALL... 000062019250 12/08/05--01051--007 **600.00 CR2E041 (8/05)	
DOCUMENT # S82014			
1. Limited Liability Company's Name Benito Solari, Inc 5230 N Tamiami Trail Sarasota, FL 34234			
2. Principal Office Address 5230 N Tamiami Trail Suite, Apt. #, etc.		3. Mailing Office Address 5230 N Tamiami Trail Suite, Apt. #, etc.	
City & State Sarasota, FL		City & State Sarasota, FL	
Zip 34234	Country Sarasota, FL	Zip 34234	Country Sarasota, FL
4. State/Country of Formation FL. Sarasota		5. Date Organized or Qualified To Do Business in Florida 9-23-91	
6. FEI Number 65 0289817		Applied For Not Applicable	
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			
Name Paul Solari			
Street Address (P.O. Box Number, is Not Acceptable) 5230 N Tamiami Trail			
Suite, Apt. #, Etc.			
City Sarasota,		State FL	Zip Code 34234
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 11/17/2005	
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
P,V,P	Paul Solari	5230 N Tamiami Trail	Sarasota, FL 34234
S,T,D	Paul Solari	5230 N Tamiami Trail	Sarasota, FL 34234
STATEMENT 05 TS 12/08/05		000061731446 11/28/05--01059--019 **150.00	
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 11/17/2005	Daytime Phone # 941 685 40 41
Typed or printed name of signing Managing Member/Manager Paul Solari			