


APPROVED  
AND  
FILED

99 APR -9 AM 9:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company	DOCUMENT # 200221
THE ALICANTE LIMITED CO. 15595 N.W. 15th AVE MIAMI, FL 33169	

1a. Principal Place of Business Address
15595 N.W. 15th AVE MIAMI, FL 33169

2 Principal Place of Business	2a. Mailing Address
15595 N.W. 15th AVE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
MIAMI, FL	MIAMI, FL
Zip	Zip
33169	33169
Country	Country
DANE	DANE

3. Date Organized or Qualified	3a. State of Formation
5/9/90	5/9/90
4. FEI Number	<input type="checkbox"/> Applied For
65-0198869	<input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired
8/28/97	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent
RONALD ROVER 15595 N.W. 15th AVE MIAMI, FL 33169

8. Name and Address of New Registered Agent
MARIA C. CASTILLO Street Address (P.O. Box Number is Not Acceptable) 15595 N.W. 15th AVE Suite, Apt. #, etc. City MIAMI, FL Zip Code FL 33169

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: Maria C. Castillo Date: 4/9/99

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MGR	CACCIAMANI DEVELOPMENT CO.	15595 N.W. 15th AVE	MIAMI, FL 33169

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: Maria C. Castillo Date: 4/9/99 Daytime Phone #: (305) 628-1143	TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER: MARIA C. CASTILLO

REINSTATEMENT 98-99 cas  
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