


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 SEP 29 PM 3:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
		DOCUMENT # L98000002118

**1. Limited Liability Company's Name**  
Blivas / Kraly Investments L.C.

<b>2. Principal Office Address</b> 9100 S. Dadeland Blvd. Suite, Apt. #, etc. Penthouse 1, Suite 1701 City & State Miami, Florida Zip 33156		<b>3. Mailing Office Address</b> 148 S. Westgate Avenue Suite, Apt. #, etc. City & State Los Angeles, California Zip 90049	
Country USA	Country USA	Country USA	Country USA

<b>4. State/Country of Formation</b> Florida	
<b>5. Date Organized or Qualified To Do Business in Florida</b>	
<b>6. FEI Number</b> 650869358	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>	

\$5.00 Additional Fee required for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name Ira B. Price, Esq.		500041438925	
Street Address (P.O. Box Number is Not Acceptable) 9100 S. Dadeland Boulevard		05/29/04--01013--002 **200.00	
Suite, Apt. #, Etc. Penthouse 1, Suite 1701			
City Miami, Florida	State FL	Zip Code 33156	

**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 \_\_\_\_\_

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
MGR	Larry Blivas	148 S. Westgate Avenue	Los Angeles, CA 90049
MGRM	Julie Blivas	148 S. Westgate Avenue	Los Angeles, CA 90049

**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 Larry Blivas Date 9/1/04 Daytime Phone # 310-345-6767

Typed or printed name of signing Managing Member/Manager Larry Blivas, Manager

CR2E041 (10/02)