

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2007 NOV 14 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800112459278
11/20/07--01031--003 **50.00

CR2E041 (1/07)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L050000 80970**

1. Limited Liability Company's Name
19900 MACK DAIRY LLC

2. Principal Office Address - No P.O. Box # 40 STAR ISLAND		3. Mailing Office Address 40 STAR ISLAND	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI BEACH FL		City & State MIAMI BEACH FL	
Zip 33169	Country USA	Zip 33169	Country USA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number 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
ENGIN K YESIL

Street Address (P.O. Box Number is Not Acceptable)
40 STAR ISLAND

Suite, Apt. #, Etc.

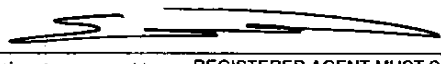
City
MIAMI BEACH

State
FL

Zip Code
33169

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 **10/24/07**

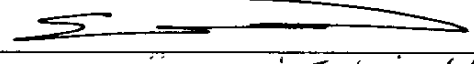
REGISTERED AGENT MUST SIGN

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
MGRY	ENGIN K YESIL	40 STAR ISLAND	MIAMI BEACH, FL 33169
			ST
			300111398693 10/28/07--01051--029 **150.00

REINSTATEMENT *06-07*

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 **10/24/07** Daytime Phone # **305-430-9113**

Typed or printed name of signing Managing Member/Manager **ENGIN YESIL**