

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

REINSTATEMENT *200*

FILED

DOCUMENT # **L00000014244**

01 OCT 24 PM 12:17

1. Limited Liability Company's Name

Nueva Era LLC

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2. Principal Office Address

15240 SW 55 Terrace

Suite, Apt. #, etc.

City & State

Miami, FL 33185

Zip

33185

Country

USA

3. Mailing Office Address

15240 SW 55 Terrace

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33185

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified To Do Business in Florida

11/20/00

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$300 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Juan M. Rodriguez

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

15240 SW 55 Terrace

Suite, Apt. #, Etc.

100004661561-2

-10/31/01--01075--028

******155.00 ****155.00**

City

Miami

State
FL

Zip Code

33185

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date **10/15/01**

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/D	Juan M. Rodriguez	15240 SW 55 Terr	Miami, FL 33185
VP/D	Yean Cartallow	7147 SW 8st.	Miami, FL 33144

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

[Handwritten Signature]

Date **10/15/01**

Daytime Phone # **(305) 221-9185**

Typed or printed name of signing Managing Member/Manager

Juan M. Rodriguez

CR2041 (9/01)