


((H03000109813 3))

L01000006890

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APR -9 AM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

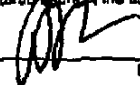
LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L01000006890					
1. Limited Liability Company's Name BERKELEY HOLDINGS, LLC					
2. Principal Office Address 11000 N.W. 92nd Terrace			3. Mailing Office Address 11000 N.W. 92nd Terrace		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Miami, FL			City & State Miami, FL		
Zip 33178	Country USA	Zip 33178	Country USA	4. State/Country of Formation Florida	
				5. Date Organized or Qualified To Do Business in Florida 05/02/2001	
				6. FEI Number 65-1099608	
				Applied For <input type="checkbox"/> Not Applicable	
				7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

10/4/02

8. Name and Address of Current Registered Agent

Name	Paul A. Lester	
Street Address (P.O. Box Number is Not Acceptable)	201 Alhambra Circle	
Suite, Apt. #, Etc.	Suite 601	
City	State	Zip Code
Coral Gables	FL	33134

9. I, being authorized the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 808, F.S.

Signature of Registered Agent  Date **4/3/03**

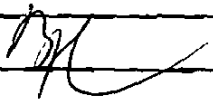
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

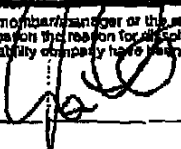
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Tomas Cabrerizo	11000 N.W. 92nd Terrace	Miami, FL 33178

REINSTATEMENT 2002-2003





11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 808, 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 808.408, 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 **4/3/03** Daytime Phone # **305-777-6000**

Typed or printed name of signing Managing Member/Manager **Tomas Cabrerizo**

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Division of Corporations

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Florida Department of State
Division of Corporations
Public Access System

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DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

BERKELEY HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$200.00