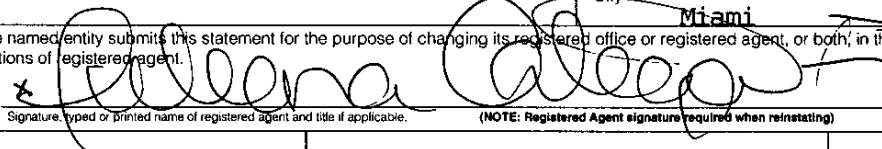
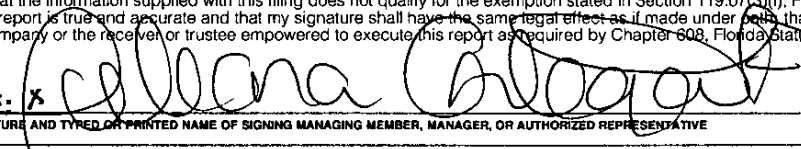


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG -2 AM 8:36

DOCUMENT # L01000019667 1. Entity Name MCEP, L.L.C.					
Principal Place of Business 3215 NE 184 ST., AP 14103 MIAMI, FL 33160				Mailing Address 3215 NE 184 ST., AP 14103 MIAMI, FL 33160	
2. Principal Place of Business 2140 SW 3 Avenue		3. Mailing Address 2140 SW 3 Avenue			
Suite, Apt. #, etc. 6c		Suite, Apt. #, etc. 6c			
City & State Miami, FL		City & State Miami, FL			
Zip 33129		Country Miami-Dade		4. FEI Number 65-1153605	
Zip 33129		Country Miami-Dade		5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ORTEGA, LAURENTINO 3215 NE 184 ST., AP 14103 MIAMI, FL 33160				7. Name and Address of New Registered Agent Name Juliana Ortega Street Address (P.O. Box Number is Not Acceptable) 2140 SW 3 Avenue #6c City Miami FL Zip Code 33129	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent. SIGNATURE  DATE 7/27/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUILLERMO, MARTHA 3215 NE 184 ST., AP 14103 MIAMI, FL 33160	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 04-05 600058149126 08/02/05--01036--003 **105.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ORTEGA, LAURENTINO 3215 NE 184 ST., AP 14103 MIAMI, FL 33160	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Juliana Ortega 2140 SW 3 Avenue #6c Miami, FL 33129		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Dolly Gomez 2140 SW 3 Avenue #6c Miami, FL 33129		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 				Date 7/27/05 Daytime Phone #	