

L01000021932

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED 04 NOV -1 PM 2:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA

RN

DOCUMENT # L01000021932

1. Limited Liability Company's Name Navidad Real Estate Holding, LLC

2. Principal Office Address 1250 E. Hallandale Bch Blvd. 3. Mailing Office Address 1250 E. Hallandale Bch Blvd.

Suite, Apt. #, etc. Suite 504 Suite 504

City & State Hallandale Beach, Florida Hallandale Beach, FL

Zip Country 33009 U.S.A. 33009 U.S.A.

4. State/Country of Formation Florida, U.S.A. 5. Date Organized or Qualified To Do Business in Florida 12/18/2001 6. FEI Number 65-1159685 7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name Corporation Company of Miami Street Address (P.O. Box Number is Not Acceptable) 201 S. Biscayne Blvd - 1500 Miami Center (BB) Suite, Apt. #, Etc. City Miami State FL Zip Code 33131

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 RAUL F. SALAS VICE PRESIDENT REGISTERED AGENT MUST SIGN Date 10-29-04

10. Names and Street Addresses of Managing Members/Managers

Table with 4 columns: Titles, Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Includes entries for José Antonio Ríos, Mariacristina Rios, Ricardo Muñoz-Tebar, and María Isabel Rios. Includes stamp: REINSTATEMENT 2003-2004 and tracking number 11/04/04--01054--004 **205.00

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 María Isabel Ríos Date Oct 27, 2004 Daytime Phone # (954) 727 3019

CR2E041 (10/02)