


# L02000009309

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
		FILED 2003 OCT 17 AM 8:27 DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

**DOCUMENT #** L02000009309

**1. Limited Liability Company's Name**  
Aragon Galiano Holdings, LLC

<b>2. Principal Office Address</b> 101 Aragon Avenue		<b>3. Mailing Office Address</b> Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Coral Gables, FL		City & State	
Zip 33134	Country USA	Zip	Country

000024014790  
10/22/03--01050--008 \*\*150.00

<b>4. State/Country of Formation</b> Florida/USA	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 4/18/2002	
<b>6. FEI Number</b> 30-0070885	Applied For Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

**8. Name and Address of Current Registered Agent**

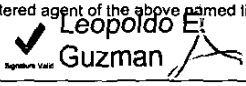
Name: Leopoldo E. Guzman

Street Address (P.O. Box Number is Not Acceptable): 101 Aragon Avenue

Suite, Apt. #, Etc.:

City: Coral Gables      State: FL      Zip Code: 33134

**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:  Leopoldo E. Guzman  
Digitally signed by Leopoldo E. Guzman  
DN: cn=Leopoldo E. Guzman, o=US  
Date: 2003.10.15 15:15:39 -0500

Date: October 15, 2003

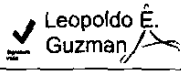
REGISTERED AGENT MUST SIGN

**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
Mgrm	Leopoldo E. Guzman	101 Aragon Avenue	Coral Gables, FL 33134

**REINSTATEMENT 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 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:  Leopoldo E. Guzman  
Digitally signed by Leopoldo E. Guzman  
DN: cn=Leopoldo E. Guzman, o=US  
Date: 2003.10.15 15:14:02 -0500

Date: 10/15/2003      Daytime Phone#: 305-374-3600

Typed or printed name of signing Managing Member/Manager: Leopoldo E. Guzman

CR2E041 (10/02)