PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		PARTMEN etary of S of corpor	tate	0	FILED 08 FEB 20 PH 12: 13	
DOCUMENT # LO2000 10954 1. Limited Liability Company's Name				TA	SECRETARY OF STATE ALLAHASSEE FLORIDA	
CUTLER BEACH LLC						
				900117624909 02/08/08016 M eoA1 <u>620</u> %*516.25		
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address			0270070	20 01092E041(42/07)**313.23		
10200 OLD CUTLER RD SAN		NE		4. State/Country of Formation		
Suite, Apt. #, etc. Suite, Apt. #,					FLORIDA /USA Date Organized or Qualified , , ,	
Oit of Charles					iness in Florida 05/07/02	
City & State City & State		1		6. FEI Numbe	Applied For	
Zip Country	Zip	Coun	try	7/098 7.	2 7554 Not Applicable	
33156 USA				CERTIFICATE	OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent						
Name FARRA MIGUEL G C/O MORRISON BROWN, ARGIZ Street Address (P.O. Box Number is Not Acceptable) 1001 BRICKELL BAY DRIVE 9 th FLOOR Suite, Apt. #, Etc.			RGIZ ETARKA LLP	A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.		
MIAMI FL		State Zip Code FL 33 13 1		i i i i i i i i i i i i i i i i i i i	ement be waived.	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and acce Signature of Registered Agent REGISTERED AGENT MUST SIGN				accept the obligat	ions of Chapter 608, F.S. Date(/>>lob	
10. Names and Street Addresses of Managing Members/Managers						
Titles Name of Managing Members/Manage	ırs	Street Address of Each Managing Member/Manager			City / State / Zip	
MGRM-BETANCOVET, HECTOR -		-10200 OLDCUTER RD		RO	MIAMI, FL 33152	
MBRM DILLON, JOHN	2	2616 SKILLMAN AVE		E	LONG ISLAND CITY NY	
MGEM QUADROS, MARIO		10200 OLD CUTLER RD		RD	MIAMI, EL 3315	
MERM SALAZAR, EDUAR	DO 103	10200 OLD CUTTER PD		ಲು	MIAMI TC 3315Z	
the state of the s	·			_		
	REINSTATEMENT 06-08					
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 60s, 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 60s.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 165. Bodou Date JAN 23 2008 Daytime Phone # (305) 667-6059						
Typed or printed name of signing Managing Member/Manager DETANCOURT, HECTOR						