PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

C	ED LIABILITY COMPANY ISTATEMENT	Secr	PARTMENT OF STATE etary of State of Corporations		LED	
DOCUMENT # L02000024473 1. Limited Liability Company's Name				•	2008 FEB 19 PM 12: 31 SECRETARY OF STATE TALL AHASSEE, FLORIDA	
CANAMERO ENTERPRISES, LLC				TALLAHA	TALLAHASSEE, FEORIDA	
W0800			05821	100116035361 01/25/0801004016 **655.00 CR2E041 (12/07)		
		1	3. Mailing Office Address		toy of Engration	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	 		4. State/Country of Formation FLORIDA	
					5. Date Organized or Qualified To Do Business in Florida 9-19-2002	
City & State MIAMI, FL		City & State	City & State		6. FEI Number Applied For	
Zip	Country	Zip	Country	52-237		
33014	USA			CERTIFICATE	OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent						
Name JORGE CANAMERO				A \$100 reinstatement fee is imposed, except in circumstances which the entity did not		
Street Address (P.O. Box Number is Not Acceptable) 5590 NW 163 STREET				receive	receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100	
Suite, Apt. #, Etc.				•		
City State Zip Code				reinstatement be waived.		
MIAMI FL 33014						
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						
10. Names and Street Addresses of Managing Members/Managers						
Titles	Name of Managing Members/M		Street Address of Eac Managing Member/Man		City / State / Zip	
MGR	JORGE CANAMERO	55	90 NW 163 ST		MIAMI, FLORIDA 33014	
				03/06/08;-01019006 **138.75		
	L. S	SELLERS	5			
 	F	EB 2 5 2008	REIN	ISTAT	EMENTOLOG	
 	EX	AMINEF	}		TIVIEIN I HOS	
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 filling this reinstatement application the reason for dissolution bas 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 pair. 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 1-23-2006 Daytime Phone # 305-085-9051						
Typed or printed name of signing Managing Member/Manager						