PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 APR 11 AM 10: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000033475

1. Limited Liability Company's Name

1041 N.W. 34th Street, L.L.C.

100123065921
04/11/08--01043--003 **++957.50
CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
1814 N.E. MIAMI GARDENS DR.	MIAMI 1814 N.E. GARDENS DR.
Suite, Apt. #, etc. SUITE 301	Suite, Apt. #, etc. SUITE 301
City & State N. MIAMI BCH FL	City & State N. MIAMI BEACH FL
Zip 33179	Country USA	Zip 33179	Country USA

4. State/Country of Formation FL / USA

5. Date Organized or Qualified To Do Business in Florida 12/13/2002

6. FEI Number   [ ] Applied For [X] Not Applicable

7. CERTIFICATE OF STATUS DESIRED [ ] $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name Fernando Campos

Street Address (P.O. Box Number is Not Acceptable) 2750 NE 183rd St. # 1406

Suite, Apt. #, Etc. # 1406

City Aventura | State FL | Zip Code 33160

[X] 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.

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 _____ REGISTERED AGENT MUST SIGN   Date 04/08/2008

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	Cilea Organ	3401 S.W. 35th St.	West Park / FL / 33023
		03 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 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 _____ Date 04/08/2008 Daytime Phone # 7862812896

Typed or printed name of signing Managing Member/Manager Cilea Organ