

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2005 OCT 17 PM 2: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10112005 REIN-LLC CR2E101 (6/04)

|   |  |   |  |
|---|--|---|--|
| <b>DOCUMENT # L03000033387</b><br>1. Entity Name<br>UNIFACTOR INVESTMENTS, LLC  |  |   |  |
| Principal Place of Business<br>210 N.W. 86 PLACE<br>MIAMI, FL 33126   |  | Mailing Address<br>210 N.W. 86 PLACE<br>MIAMI, FL 33126   |  |
| 2. Principal Place of Business<br>7800 N.W. 25 ST.  |  | 3. Mailing Address<br>SAME  |  |
| Suite, Apt. #, etc.<br>#7   |  | Suite, Apt. #, etc.   |  |
| City & State<br>Doral, FL   |  | City & State  |  |
| Zip<br>33122  |  | Country<br>Dade   |  |
| 4. FEI Number<br>27-0072688   |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | \$5.00 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><br>PEREZ, RAFAEL A<br>C/O MCARDLE, PEREZ, ET AL<br>201 ALHAMBRA CIRCLE, SUITE 702<br>CORAL GABLES, FL 33134   |  | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right; font-weight: bold;">FL</span> Zip Code |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   |  |   |  |
| SIGNATURE<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |  | DATE<br>(NOTE: Registered Agent signature required when reinstating)  |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>After January 1, 2006, Fee will be \$100.00</b>   |  | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.  |  |
| Make check payable to<br><b>Florida Department of State</b>   |  |   |  |
| 9. MANAGING MEMBERS/MANAGERS  |  | 10. ADDITIONS/CHANGES   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>ESPINOSA, ALEXANDRA I MGRM<br>210 NW 86 PL.<br>MIAMI, FL 33126 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |  |   |  |
| SIGNATURE:  |  | Date: 10/09/05  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  | <small>Date Daytime Phone #</small>   |  |

REINSTATEMENT

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