

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG -4 AM 8:35

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000034585

1. Limited Liability Company's Name
Selva, LLC

Handwritten initials

900058246119
08/04/05--01023--001 **200.00

2. Principal Office Address 12625 SW 43 Street		3. Mailing Office Address 12625 SW 43 Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33175	Country USA	Zip 33175	Country USA

4. State/Country of Formation Florida, USA	
5. Date Organized or Qualified To Do Business in Florida 09/11/2003	
6. FEI Number 201427332	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name Miguel A. Valdes	
Street Address (P.O. Box Number is Not Acceptable) 12625 SW 43 Street	
Suite, Apt. #, Etc.	
City Miami	State FL
	Zip Code 33175

REINSTATEMENT 04 05

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 Miguel A. Valdes Date 08/03/2005
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
Manager	Miguel A. Valdes	12625 SW 43 Street	Miami/FL/33175
Manager	Selfa Perez	7564 SW 43 Street	Miami/FL/33175

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 Miguel A. Valdes Date 08/03/2005 Daytime Phone # 305-788-6593
Typed or printed name of signing Managing Member/Manager Miguel A. Valdes

CR2E041 (10/02)