

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000025484

1. Limited Liability Company's Name

105 NE 167 STREET L.L.C.

07

2. Principal Office Address - No P.O. Box #

10541 SW 140 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33176

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 04-05-04

6. FEI Number

Applied For

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

MARIO SANCHEZ, JR

Street Address (P.O. Box Number is Not Acceptable)

10541 SW 140 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33176

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

Mario Sanchez, Jr.

REGISTERED AGENT MUST SIGN

Date

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 | LISSETTE B. PEREZ | 10541 SW 140 STREET | MIAMI, FL 33176 |
| MGRM | MARIO SANCHEZ, JR | 10541 SW 140 STREET | MIAMI, FL 33176 |
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REINSTATEMENT 2007-2009

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

Mario Sanchez, Jr.

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

FILED
09 JAN 21 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

CR2E041 (10/08)