

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

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1. Limited Liability Company's Name

POCAS P, L.L.C. 07

600181757316 06/07/10--01007--010 ***655.00 CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 5034 Fisher Island Drive

3. Mailing Office Address

Same

4. State/Country of Formation

FLORIDA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Date Organized or Qualified To Do Business in Florida

04/13/04

City & State

City & State

Fisher Island, FL

6. FEI Number

Apply For Not Applicable

Zip

Country

Zip

Country

33109

USA

7. CERTIFICATE OF STATUS DESIRED

\$5.00 (Additional Fee required for a Certificate of Status)

B. Name and Address of Current Registered Agent

Name ARAGON REGISTERED AGENTS, INC.

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

255 Alhambra Circle

Suite, Apt. #, Etc.

Suite 500

City

Coral Gables

State

FL

Zip Code

33134

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

Mayra Fernandez REGISTERED AGENT MUST SIGN

Date

6/2/10

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Enrique HernandezPons Torres	5034 Fisher Island Drive	Fisher Island, FL 33109

REINSTATEMENT 2007-2010

11. E-mail Address: mfernandez@aragonregistered.com

(To be used for future annual report notifications)

12. 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 608.408, 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 6/2/10

Daytime Phone # 305-447-8555

Typed or printed name of signing Managing Member/Manager