PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	COMPANY Secretary of State				FILED 07 SEP -6 AM 10: 21 SECRETARY TALLAHASSEE, FLORIDA		
DOCUMENT # L04000073866 1. Limited Liability Company's Name					ALLAMASSE	E, Fl.ORIDA	
Manuel Mendoza Investments, LLC							
2. Principal Office Address - No P.O. Box # 3. Mailing Offi		fice Address		CR2E041 (1/07)			
3820 W San Miguel St				4. State/Count	try of Formation		
te, Apt. #, etc. Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida					
City & State City & State Tampa, FL				—	6. FEI Number Applied For Not Applied be		
Zip Country 33629 US	Zip	Count	ry	7. CERTIFICATE	OF STATUS DESIRED	\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent							
Name Manuel Mendoza Street Address (P.O. Box Number is Not Acceptable) 3820 W San Miguel 5.1. Suite, Apt. #, Etc.				\$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.			
City TampA		State FL	Zip Code	- Tomstatement be warred.			
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 Date							
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		
MGRM Mendoza, Manuel		3820 W. San Miguel St			Tampa, FL	33629 - 35555	
		09/1			1/0701016 	014 **50.00	
				09 7 1	1707-01015-7	015 **100.00	
. REINSTATEMENT							
					2005-	2007	
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 filling 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 7/23/07 Daytime Phone# 8/3-323-47-09							
Typed or printed name of signing Managing Member/Manager							