

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 SEP -6 AM 10: 29

<b>DOCUMENT # L05000003511</b> 1. Entity Name 1600 QUEEN INVESTMENTS, LLC	
Principal Place of Business 901 PONCE DE LEON BOULEVARD, SUITE 603 CORAL GABLES, FL 33134	Mailing Address 901 PONCE DE LEON BOULEVARD, SUITE 603 CORAL GABLES, FL 33134



2. Principal Place of Business - No P.O. Box # <b>1600 SW 2nd Ave</b> Suite, Apt. #, etc. <b>Miami FL</b> City & State <b>33129 FL</b> Zip Country <b>33129 USA</b>	3. Mailing Address <b>1600 SW 2nd Ave</b> Suite, Apt. #, etc. <b>Miami FL 33129</b> City & State <b>Miami</b> Zip Country <b>33129 USA</b>
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04302007 REIN-LLC	CR2E101 (1/07)	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
4. FEI Number		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ALBORNOZ, WILLIAM H 901 PONCE DE LEON BOULEVARD, SUITE 603 CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name <b>Felipe Roa</b> Street Address (P.O. Box Number is Not Acceptable) <b>1600 SW 2nd Ave</b> <b>Miami</b> City <b>FL</b> Zip Code <b>33129</b>
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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 Aug 21, 2007  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$200.00</b>		<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME	MGR ANIBAL ROA V.	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>400109294674</b> <b>03/11/07--01018--002 **200.00</b>	
STREET ADDRESS	901 PONCE DE LEON BOULEVARD, SUITE 603		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

REINSTATEMENT 2006-07

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Mario Ramirez Jul 19-07 305 8597745  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #