

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

08 APR 24 PM 12:39

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LO5 000047204

1. Limited Liability Company's Name

Mijares TPA Investments, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # <u>3355 NW 41st St</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>Same</u> Suite, Apt. #, etc.	
City & State <u>Miami FL</u>		City & State	
Zip <u>33142</u>	Country <u>U.S.</u>	Zip	Country

4. State/Country of Formation <u>Florida U.S.</u>	
5. Date Organized or Qualified To Do Business in Florida <u>7/5/2005</u>	
6. FEI Number <u>20-4615504</u>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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
Damon Mijares

Street Address (P.O. Box Number is Not Acceptable)
3309 NE 169th St.

Suite, Apt. #, Etc.

City
N. Miami Beach

State
FL

Zip Code
33160

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 [Signature] Date 4/18/08

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
<u>PD</u>	<u>Damon Mijares</u>	<u>3309 NE 169th St.</u>	<u>N.M.B. FL 33160</u>
<u>VP</u>	<u>Luisa Mijares</u>	<u>'</u>	<u>'</u>
<u>D</u>	<u>Jeffrey Ray Cohen</u>	<u>297 Sunny Isles Blvd</u>	<u>FL 33160 Sunny Isles Beach</u>

000125573930
04/24/08--01037--004 **238.75

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 [Signature] Date 4/18/08 Daytime Phone # 905 986 3205

Typed or printed name of signing Managing Member/Manager Damon Mijares