


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 07 OCT 29 PM 12:32

DOCUMENT # L05000065116

1. Limited Liability Company's Name

Hernandez Office, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 12510 Kendall Drive		3. Mailing Office Address 12510 Kendall Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami FL 33186		City & State Miami FL 33186	
Zip 33186	Country USA	Zip 33186	Country USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida **6/30/2005**

6. FEI Number
None

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
G B & B-B Registries, LLC

Street Address (P.O. Box Number is Not Acceptable)
7301 SW 57th Court, Suite 560

Suite, Apt. #, Etc.
Suite 560

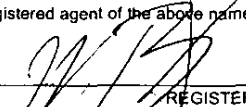
City
South Miami

State
FL

Zip Code
33143

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  Date **10/24/2007**

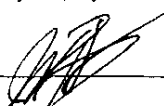
REGISTERED AGENT MUST SIGN

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	Hernandez Family Holdings, LLC	12510 Kendall Drive	Miami FL 33186

REINSTATEMENT 2007 **500111460785**
10/29/07--01065--009 **205.00

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  Date **10/24/2007** Daytime Phone # **(305) 279-1505**

Typed or printed name of signing Managing Member/Manager **Dr. Oscar Hernandez, Manager of Hernandez Family Holdings, LLC**

GUTTENMACHER, BOHATCH & BARINAGA-BURCH, P.A.

ATTORNEYS AT LAW

SAIDY M. BARINAGA-BURCH*
JOHN S. BOHATCH
EDWARD P. GUTTENMACHER
TIMOTHY L. SMITH**
ADAN A. AULET, JR.

PRACTICE LIMITED TO
PROBATE, ESTATE PLANNING,
BUSINESS PLANNING & TAXATION

*L.L.M. ESTATE PLANNING
**L.L.M. TAXATION

7301 SOUTHWEST 57TH COURT
SUITE 560
SOUTH MIAMI, FLORIDA 33143

TELEPHONE (305) 666-1040
TELEFAX (305) 666-1020
E-MAIL Law@GBTaxLaw.com

KEY WEST OFFICE
GULFVIEW POINTE
2647 GULFVIEW DRIVE
KEY WEST, FLORIDA 33040

TELEPHONE (305) 294-1521
TELEFAX (305) 292-4016

PLEASE REPLY TO:
SOUTH MIAMI

October 26, 2007

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

RE: Reinstatement of Hernandez Office, LLC

To Whom It May Concern:

I enclose the Hernandez Office, LLC Reinstatement form along with our firm's check in the total amount of \$205.00 (\$200.00 for the reinstatement fee and \$5.00 for the Certificate of Status). Please mail the Certificate of Status to me in the enclosed envelope provided for your convenience.

If you have any questions, please feel free to contact me.

Sincerely,

GUTTENMACHER, BOHATCH &
BARINAGA-BURCH P.A.


JOHN S. BOHATCH

JSB/kgf

Enclosure