

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 APR 11 AM 10:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01242007 REIN-LLC CR2E101 (1/07)

**DOCUMENT # L05000117975**

1. Entity Name  
**SONSCA, LLC**

Principal Place of Business <b>2121 PONCE DE LEON BLVD., SUITE 1100 C/O GOLDSTEIN SCHECHTER PRICE, ET. AL. CORAL GABLES, FL 33134</b>	Mailing Address <b>2121 PONCE DE LEON BLVD., SUITE 1100 C/O GOLDSTEIN SCHECHTER PRICE, ET. AL. CORAL GABLES, FL 33134</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
Zip Country	Zip Country

4. FEI Number  Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

<p><b>6. Name and Address of Current Registered Agent</b></p> <p><b>JOSE ANTONIO DI MARCO 2121 PONCE DE LEON BLVD., SUITE 1100 C/O GOLDSTEIN SCHECHTER PRICE, ET. AL. CORAL GABLES, FL 33134</b></p>	<p><b>7. Name and Address of New Registered Agent</b></p> <p>Name _____</p> <p>Street Address (P.O. Box Number is Not Acceptable) _____</p> <p>City <b>FL</b> Zip Code _____</p>
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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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$200.00</b>	Make check payable to Florida Department of State	<i>[Signature]</i>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	NAME ANTONIO DI MARCO, JOSE	TITLE	NAME <b>600097310888</b>
STREET ADDRESS	2121 PONCE DE LEON BLVD., SUITE 1100	STREET ADDRESS	04/18/07--01014--012
CITY- ST- ZIP	CORAL GABLES, FL 33134	CITY- ST- ZIP	**200.00
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR	NAML ZAMBELLI, CELIDE	TITLE	
STREET ADDRESS	2121 PONCE DE LEON BLVD., SUITE 1100	STREET ADDRESS	
CITY- ST- ZIP	CORAL GABLES, FL 33134	CITY- ST- ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAML		NAML	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAML		NAML	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *[Signature]* *[Signature]* *[Signature]* **JOSE DI MARCO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

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