

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2009 NOV 13 PM 3:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700162842457  
11/16/09--01006--016 \*\*282.50  
CR2E041 (10/08)

DOCUMENT # L07000031757

1. Limited Liability Company's Name  
ARIJXE EUROPEAN PROPERTIES LLC  
9643 NW 33 ST  
DORAL, FL. 33172

2. Principal Office Address - No P.O. Box #  
9643 NW 33 ST

3. Mailing Office Address  
9643 NW 33 ST

City & State  
DORAL, FL.

City & State  
DORAL, FL.

Zip Country Zip Country  
33172 USA 33172 USA

4. State/Country of Formation  
FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida 03/26/2007

6. FEI Number  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  
ROSE A. SEGREDO

Street Address (P.O. Box Number is Not Acceptable)  
9643 NW 33 ST

Suite, Apt. #, Etc.

City State Zip Code  
MIAMI FL 33172

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 Rose A. Segredo Date 11/10/2009  
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
MGMBR	ROSE A. SEGREDO	9643 NW 33 ST	DORAL, FL. 33172

**REINSTATEMENT** 08-09  
OK 11-16-09

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 Rose A. Segredo Date 11-10-09 Daytime Phone # 305-594-3200

Typed or printed name of signing Managing Member/Manager ROSE A. SEGREDO