

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

L9800002252

02 NOV 19 AM 9:33

1. DOCUMENT # L9800002252
 Name and Mailing Address

0002223 01 FP 0.352 **PRSR T7 0 0615 33144-400253
 BONANZA PROPERTIES L.C.
 8500 SW 8TH STREET, SUITE 228
 MIAMI FL 33144-4002



REINSTATEMENT 2002

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/14/1998	
Principal Place of Business 8500 SW 8TH STREET, SUITE 228 MIAMI FL 33144	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-0868822	Applied For Not Applicable
8. Name and Address of Current Registered Agent		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 MACHADO, JOSE L 8500 SW 8TH STREET, SUITE 228 MIAMI FL 33144		9. Name and Address of New Registered Agent Name: JOSE L. MACHADO Street Address (P.O. Box Number is Not Acceptable): 8500 S.W. 8 STREET SUITE 238 City: MIAMI FL Zip Code: 33144	
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10. 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: 10/29/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	HERRAN, AGUSTIN	8500 SW 8TH STREET, SUITE 228	MIAMI FL 33144
MGRM	GUERRA, ARMANDO	8500 SW 8TH STREET, SUITE 228	MIAMI FL 33144
MGRM	HERRAN, MANUEL A	8500 SW 8TH STREET, SUITE 228	MIAMI FL 33144
MGRM	HERRAN, EMILIANO	8500 SW 8TH STREET, SUITE 228	MIAMI FL 33144
MGRM	GUERRA, ANAMARIA	8500 SW 8TH STREET, SUITE 228	MIAMI FL 33144

REINSTATEMENT 2002

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 11/19/02--01068--005 **150.00

12. 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: 11/13/02 Daytime Phone #: 305-260-6535

Typed or printed name of signing Managing Member/Manager: Agustín Herrán

CR2EC84 (8/02)