
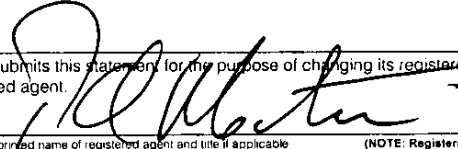
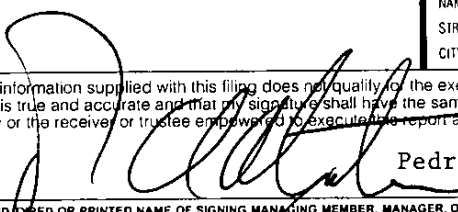


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 OCT 10 AM 10:03

DOCUMENT # L01000008115 1. Entity Name TERRA INTERNATIONAL DEVELOPMENTS LLC					
Principal Place of Business 1220 BRICKELL AVE., SUITE 1840 MIAMI, FL 33131		Mailing Address 1220 BRICKELL AVE., SUITE 1840 MIAMI, FL 33131			
2. Principal Place of Business 1200 Brickell Avenue Suite, Apt. #, etc. #1800		3. Mailing Address 1200 Brickell Avenue Suite, Apt. #, etc. #1800		10092006 REIN-LLC CR2E101 (11/05)	
City & State Miami, FL 33131		City & State Miami, FL		4. FEI Number 65-1108870	
Zip 33131		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTIN, PEDRO A ESQ. 1220 BRICKELL AVE., SUITE 1840 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Martin, Pedro A., Esq. Street Address (P.O. Box Number is Not Acceptable) 1200 Brickell Avenue, #1800 City Miami FL Zip Code 33131	
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  <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE 10/9/06	
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTIN, PEDRO A 1220 BRICKELL AVE., SUITE 1840 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr. Martin, Pedro A. 1200 Brickell Avenue, #1800 Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	400080630784 10/10/06--01062--004 **150.00	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 				Pedro A. Martin Date: 10/9/06 Daytime Phone #: 305-416-4556	