


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
06 NOV 28 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (8/05)

DOCUMENT # L04000090476

1. Limited Liability Company's Name
A.L.M.A. FOUR LLC

2. Principal Office Address 428 Proffitt Road		3. Mailing Office Address 3331 SW 16 Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Gatlinburg, TN		City & State Miami, Florida	
Zip 37738	Country	Zip 33145	Country

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 12/24/2004	
6. FEI Number 47-0948250	Applied For <input type="checkbox"/> Not Applicable
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	
Name Mariela Alvarez	
Street Address (P.O. Box Number is Not Acceptable) 3331 SW 16 Lane	
Suite, Apt. #, Etc.	
City Miami	State FL
Zip Code 33145	

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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 *Mariela Alvarez* Date 11/27/06

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	Moreno, Lydia	3331 SW 16 Lane	Miami, Florida 33145
MGRM	Alvarez, Mariela	3331 SW 16 Lane	Miami, Florida 33145
MGRM	Vichot, Aida	3635 SW 5 Terrace	Miami, Florida 33135
MGRM	Molinet, Aida	3635 SW 5 Terrace	Miami, Florida 33135
REINSTATEMENT 2005-2006			

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 *Mariela Alvarez* Date 11/27/06 Daytime Phone # 305 282-3838

Typed or printed name of signing Managing Member/Manager Mariela Alvarez, Manager