

# L05000121457

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 JUN 10 PM 4: 15

STATE  
TALLAHASSEE, FLORIDA

900131389709

08/17/08--01004--012 \*\*377.50

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CR2E041 (8/05)

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05000121457

Limited Liability Company's Name

Osma Holdings, LLC

07

Principal Office Address

2719 Ponce de Leon Blvd  
Suite, Apt. #, etc. N/A

Mailing Office Address

same  
Suite, Apt. #, etc. N/A

City & State

Coral Gables, FL

City & State

same

Country USA

Country same

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

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

Valentin Lopez

Street Address (P.O. Box Number Not Acceptable)

2000 Douglas Rd #811

Suite, Apt. #, Etc.

City

Coral Gables

State FL

Zip Code

33134

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

x Valentin Lopez

Date June 6, 2008.

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
<u>Member</u>	<u>Hidalgo, Arquimedes</u>	<u>2719 Ponce de Leon Blvd.</u>	<u>Coral Gables, FL 33134</u>

**REINSTATEMENT 2007-2008**

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

Arquimedes Hidalgo

Date 6/5/08

Daytime Phone # 3) 444 6030

Printed name of signing Managing Member/Manager

Arquimedes Hidalgo.