

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 FEB 10 AM 11:23

|                                |                                                                                   |
|--------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L06000103770</b> |  |
|--------------------------------|-----------------------------------------------------------------------------------|

1. Entity Name  
15901/1206 LLC

Principal Place of Business  
8841 SW 103 STREET  
MIAMI, FL 33178

Mailing Address  
8841 SW 103 STREET  
MIAMI, FL 33178

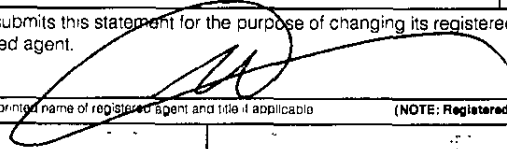


01292009 REIN-LLC CR2E101 (1/07)

|                                                |         |                     |         |                                                                                          |                                                        |
|------------------------------------------------|---------|---------------------|---------|------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         | 4. FEI Number<br>20-5840326                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |                                                        |
| City & State                                   |         | City & State        |         |                                                                                          |                                                        |
| Zip                                            | Country | Zip                 | Country |                                                                                          |                                                        |

|                                                      |  |                                                                                   |  |
|------------------------------------------------------|--|-----------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent      |  | 7. Name and Address of New Registered Agent                                       |  |
| ING, ALBERT<br>8841 SW 103 STREET<br>MIAMI, FL 33178 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |

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  (NOTE: Registered Agent signature required when reinstating) DATE 2/1/09

**FILE NOW!!! FEE IS \$277.50**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                                       | 10. ADDITIONS/CHANGES                          |                                                                                                               |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>ING, ALBERT<br>8841 SW 103 STREET<br>MIAMI, FL 33178 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 100143255171<br>02/10/09--01013--012 ***277.50 <input type="checkbox"/> Change <input type="checkbox"/> Addit |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>HERNANDEZ-ING, JANE B<br>8841 SW 103 STREET<br>MIAMI, FL 33178 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addit                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addit                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addit                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addit                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addit                                                |

**REINSTATEMENT** 2-1-09 Jan

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