


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 FEB 10 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000022472

1. Limited Liability Company's Name
ADRIANA PARK CONDOMINIUM, LLC.

2. Principal Office Address - No P.O. Box # 6103 NW 114 Place		3. Mailing Office Address 6103 NW 114 Place	
Suite, Apt. #, etc. 270		Suite, Apt. #, etc. 270	
City & State Doral, FI		City & State Doral, FI	
Zip 33178	Country USA	Zip 33178	Country USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida **03/02/2006**

6. FEI Number 51-0568755	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Carlos E. Mantilla

Street Address (P.O. Box Number is Not Acceptable)
6103 NW 114 Place

Suite, Apt. #, Etc.
270


City
Doral

State
FL

Zip Code
33178

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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  Date _____

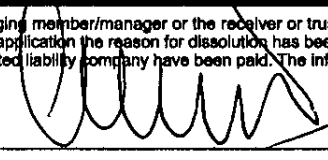
REGISTERED AGENT MUST SIGN

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	Carlos E. Mantilla	6103 NW 114 Place #270,	Doral, FI 33178
MGR	Industrias Universo, LLC.	6103 NW 114 Place #270,	Doral FI 33178

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REINSTATEMENT 08-09
2-10-09

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  Date **2/4/09** Daytime Phone# _____

Typed or printed name of signing Managing Member/Manager _____

CR2E041 (10/08)