2009 LIMITED LIABILITY COMPANY REINSTATEMENT

Principal Place of Business
Suite, Apt. 4, etc. City & State City & State City & State Country S. Certificate of Status Desired \$5.00 Additional Fee Required Street Address of New Registered Agent Name KREDI, ALBERT 2121 PONCE DE LEON BLVD., SUITE 1100 CORAL GABLES, FL 33134 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Date FILE NOWITH 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 NAME PAGES, FERNANDO J SIRET ADDRESS SIRET ADDRESS CITY-S1-2IP MGR PAGES, MARIA TERESA SIRET ADDRESS CITY-S1-2IP CORAL GABLES, FL 33134
City & State Country Country Country Country Country Country S. Certificate of Status Desired \$5.00 Additional Fee Required Fee Required Fee Required For Required City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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 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 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 Make Check payable to Florida Department of State In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Silver Address City-Si-Zip City-Si-Zip City-Si-Zip CorAL GABLES, FL 33134 City-Si-Zip City-Si-
Not Applied
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) City 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 act the obligations of registered agent. SIGNATURE 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. 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES INLE MAME SIREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 THE MGR PAGES, FERNANDO J SIREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134
KREDI, ALBERT 2121 PONCE DE LEON BLVD., SUITE 1100 CORAL GABLES, FL · 33134 Sireet Address (P.O. Box Number is Not Acceptable) City 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 act the obligations of registered agent. SIGNATURE 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. 9. MANAGING MEMBERS/MANAGERS IIILE MGR PAGES, FERNANDO J STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 INLE MGR YABUR PAGES, MARIA TERESA SIREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134
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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 act the obligations of registered agent. SIGNATURE Signature, hyped or profiled name of registered agent and bits if applicable. 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 IIILE MARE PAGES, FERNANDO J STREET ADDRESS CITY-ST-2IP TILLE MGR VABUR PAGES, MARIA TERESA SIREET ADDRESS SIREET ADDRESS CORAL GABLES, FL 33134 SIREET ADDRESS CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 SIREET ADDRESS CORAL GABLES, FL 33134
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TITLE NAME STREET ADDRESS CITY-S1-ZIP REINSTATEMENT 2008, 2005 Change Add Change Add STREET ADDRESS CITY-S1-ZIP
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Defe Daytime Phone #