

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 28 AM 10:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L03000006810

1. Limited Liability Company's Name

AUGUSTA L.L.C.

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 6950 N.W. 77th Court		3. Mailing Office Address 6950 N.W. 77th Court	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33166	Country USA	Zip 33166	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 02/20/2003	
6. FEI Number 043777363	<input type="checkbox"/> 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 Charles P. Sacher		
Street Address (P.O. Box Number is Not Acceptable) 2655 LeJeune Road		
Suite, Apt. #, Etc. Suite 1101		
City Coral Gables	State FL	Zip Code 33134

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 Charles P. Sacher Date 04/16/09
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
MGR	Giraldo Leyva	6950 N.W. 77th Court	Miami, FL 33166
			L. SELLERS
			APR 29 2009
			EXAMINER
			300153226363
			04/28/09--01032--025 **610.00

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 Giraldo Leyva Date 04/21/09 Daytime Phone # 305-477-3322

Typed or printed name of signing Managing Member/Manager Giraldo Leyva