

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN -7 PM 1:26

DOCUMENT # L04000028197

1. Limited Liability Company's Name

POCAS P, L.L.C. 07

600181757316
06/07/10--01007--010 ***655.00
CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 5034 Fisher Island Drive		3. Mailing Office Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Fisher Island, FL		City & State	
Zip 33109	Country USA	Zip	Country

4. State/Country of Formation FLORIDA
5. Date Organized or Qualified To Do Business in Florida 04/13/04
6. FEI Number <input checked="" type="checkbox"/> Apply For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 (Additional Fee required for a Certificate of Status)

B. Name and Address of Current Registered Agent

Name ARAGON REGISTERED AGENTS, INC.			
Street Address (P.O. Box Number is Not Acceptable) 255 Alhambra Circle			
Suite, Apt. #, Etc. Suite 500			
City Coral Gables	State FL	Zip Code 33134	

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: Mayra Fernandez Date: 6/2/10
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Enrique Hernandez Pons Torres	5034 Fisher Island Drive	Fisher Island, FL 33109
REINSTATEMENT 2007-2010			

11. E-mail Address: mfernandez@aragonstatefl.com (To be used for future annual report notifications)

12. 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 608.408, 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: [Signature] Date: 6/2/10 Daytime Phone #: 305-447-8555
Typed or printed name of signing Managing Member/Manager: _____